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(Requestor's Name)
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(and the second
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
subject: <u>Hi</u>	Htry 345 Port	L St. Lucie, LLC	,
	, which is	nea manny company	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
	ndence concerning this matter	-	
·		-	
	End	San Pedro Name of Person	
		Firm/Company	
	5320 G	W 103 PI	
		M 103 P1 Address	
	Mian	City/State and Zip Code	
	E-mail address: (i	hitting 3GT. com to be used for future annual report not	ification)
For further information co	oncerning this matter, please ca	all:	
Enck (Deals -	w w 978	2-251U
Name o	Person	at (<u>30C</u>) <u>478</u> Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:	STREET/COUR	
Divisio	ation Section n of Corporations	Registration Section Division of Corpo	
	ox 6327 issee, FL 32314	Clifton Building 2661 Executive C	enter Circle

Tallahassee, FL 32301

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hitting 345 Port St. Wame of the Limited Liability Co	Lucie, LLC	ecords.)
(A Florida Lim	ited Liability Company)	·
The Articles of Organization for this Limited Liability Comp Florida document number <u>L19000187813</u> .	oany were filed on7/19,	/2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited"	Liability Company," the designation	"LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:	 	
(Principal office address MUST BE A STREET ADDRESS	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PILED MASSERVATO
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		eords, enter the name of th
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
·		_, Florida
	City	Zıp Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Acti
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D. If amending any other information, enter change(s) here: (Audich deathorid sheets, y necessary.)

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Filing Fee: \$25.00