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COVER LETTER

Division of Cor			
SUBJECT:	1140 BUILD L	1.0	
SUBJECT:TO	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	RICHARD 1	AVA	
		Name of Person	
	& MOTIVO BUI	in IIC	
		Firm/Company	
	1450 SW 1016	1 STAKET, UNIT B	
		Address	
	DELMAY BEACH	1, FL, 33444	
	1	City/State and Zip Code	
	YLICHARD (a) HI	OTIVO HOIME COM	
	E-mail address: (to be used for future annual report noti	rication)
For further information c	oncerning this matter, please co	all:	
RICHARD F	AVA	at (40 f) 45 4 15	571
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 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)
		C44 A Ad	

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	VILO				2020.1	/// 29 Pill2: 17
(Name of the Limited	Liability C Florida Lin	ompany as it nited Liability	now appe Company	ars on our r	ecords.)	
The Articles of Organization for this Limited Liab Florida document number <u>L 19<i>00</i>0 Lo5 U</u>	oility Com	pany were t	filed on _	AV6041	12,201	9 and assigned
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited	liability co	mpany	<u>here</u> :		
The new name must be distinguishable and contain the wor Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	ole:		ipany," the	e designation	"LLC" or the	abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>		NA	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or reg agent and/or the new registered office address		fice addres	s on our	records, <u>e</u>	nter the na	me of the new registered
Name of New Registered Agent:						
New Registered Office Address:	_ N	Α	Enter F	lorida street d	uddress	
					_, Florida _	
		Ci	ţy		_ _	Zip 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 with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u>462</u>	ANDREA MANJOCCIA	1450 SW 1014 ST, UNIT B	🗀 Add
		DELYLAY BEACH, FL 33444	Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
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Note:	(optional) fective date, if other than the date of filing:
reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
ated	01/27/2020 Es25 // Les Hous
	Signature of a member or authorized representative of a member