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C. GOLDEN JAN 1 3 2020

## **COVER LETTER**

SUBJECT:  Name of Limited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	LEANA GUZMAN			
	<del></del>	Name of Person	<del></del>	
	ZENBUSINESS, PBC			
		Firm/Company	<del></del>	
	702 SAN ANTONIO STR	EET 4TH FL		
	<del></del>	Address		
	AUSTIN, TX 78701			
		City/State and Zip Code		
	LEANA@ZENBUSINESS			
	E-mail address: (	to be used for future annual report notifi	ication)	
For further information	concerning this matter, please co	all:		
LEANA GUZMAN		512 237-7349		
Name	of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25,00 Filing Fee	-	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
MAII	LING ADDRESS:	STREET/COURIE	ER ADDRESS:	

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

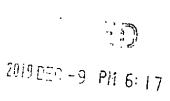
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TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



## FRESH CUTS PROPERTY MANAGEMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L19000236412		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	402 E 4TH ST	
(Principal office address MUST BE A STREET ADDRESS)	LEHIGH ACRES, FL 339	)36
Enter new mailing address, if applicable:	402 E 4TH ST	
(Mailing address MAY BE A POST OFFICE BOX)	LEHIGH ACRES, FL 339	236
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:		cords, enter the name of the new
New Registered Office Address:	Enter Florida street a	ddress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	Zip Cock

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ERIC BOUCHER	105 FLAMINGO BOULEVARD	
		PORT CHARLOTTE, FL 33954	U Add
			■ Remove
			Change
			Add
			□ Remove
			Change
			Remove
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. If amending any other informatio	and the same of th		
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Effective date, if other than the date (If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Department.	k does not meet the applicable	(optional deptional deptio	onal) filing.) Pursuant to 605.0207 (I date will not be listed as th
the record specifies a delayed e ) The 90th day after the recor		n effective time, at 12:01 a	.m. on the earlier of:
Dated December 4th	2019		
Matthew Ag	gnature of afficiency or authorize	d representative of a member	
Matthew Aaron Spindler,		-	
	Typed or printed na	me of signee	

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Filing Fee: \$25.00