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To:				
	Division of Corporations Fax Number : (850)617-6	5383		
From	: Account Name : REGISTERED Account Number : I200900000 Phone : (307)200-2 Fax Number : (855)330-1	081 2803		
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ARTICLES OF AMENDMENT

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ARTICLES OF ORGANIZATION

	OF FILED			
* **	Q			
Laurence Pessoa LLC	2013 DEC -9 -50 12 01.			
(<u>Name of the Limited Liability Con</u> (A Florida Limite	ed Liability Company),			
	INCLEASE FLORIDA and assume filed on 10/23/2019 FLORIDA and ass			
The Articles of Organization for this Limited Liability Compa	any were filed on 10/23/2019 FLURIDA and ass	signed		
Florida document number L19000265871				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	iability company here:			
The new name must be distinguishable and contain the words "Limited Lia	iability Company," the designation "LLC" or the abbreviation "L	.L.C."		
Enter new principal offices address, if applicable:	618 e. south st			
Principal office address MUST BE A STREET ADDRESS)	suite 500			
Frincipal office address MOST DL A STREET ADDRESSY	orlando fl 32801			
C. C. C. C. Marcaldana Familianhla	618 e. south st			
Enter new mailing address, if applicable:	suite 500			
Mailing address MAY BE A POST OFFICE BOX)				
(Mailing address MAY BE A POST OFFICE BOX)	suite 500 orlando fl 32801			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b	I office address on our records, enter the name	of th		
B. If amending the registered agent and/or registered	I office address on our records, enter the name	of the		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address by Name of New Registered Agent:	I office address on our records, enter the name	of the		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b	I office address on our records, enter the name	of the		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address by Name of New Registered Agent:	l office address on our records, <u>enter the name</u> <u>here</u> :	of 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Laurence Pessoa	618 e. south st suite 500	🗹 Add
		orlando, fl 32801	□ Remove
			Change
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	any other information, enter				
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If the record so (b) The 90th	pecifies a delayed effective day after the record is file	e date, but not a ed.	n effective time, a	t 12:01 a.m. on the e	arlier of:
Dated De	cember 9	2019			
<u> </u>	Signature	R:L T.L	ed representative of a mer	nhei	
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<u>-</u> -		Typed or printed n	ame of signee	<u></u>	

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