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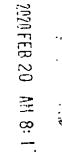
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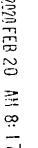


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Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

TUDOR IURI-APOSTOL LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: TUDOR IURI-APOSTOL Name of Person Firm/Company 713 CREST PINES DR, APT 228 Address ORLANDO, FL 32828 City/State and Zip Code TUDORIURIAPOSTOL@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TUDOR IURI-APOSTOL Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TUDOR IURI-APOSTOL LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our ited Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp	pany were filed on $\frac{01/17/2020}{}$	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 L	Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		
		2020 F
Enter new mailing address, if applicable:		OF FB
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		2
B. If amending the registered agent and/or registered off	ice address on our records,	enter the name of the new regist
agent and/or the new registered office address here:		7
Name of Name Dayler and Assure		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida Zip Code
	City	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>	<u>Name</u>	Address	Type of Action
AMBR	TUDOR IURI-APOSTOL	713 CREST PINES DR, APT 228	= Add
		ORLANDO, FL 32828	□Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			Change
			DAdd
			Remove
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(lf an efi Note:	tive date, if other than fective date is listed, the date If the date inserted in the nent's effective date on the	must be specific a is block does not	nd cannot be prior meet the applic	able statutory fil	more than 90 days after ing requirements, this	filing.) Pursuant to 605	.0207 (3 ed as th
ne recor	rd specifies a delayed effo iled.	ective date, but n	ot an effective t	ime, at 12:01 a.n	n, on the earlier of: (b)	The 90th day after	the
Dated	February 18		, 2020	<u> </u>			
		Signature of	a member or auth	orized representati	ve of a member		
		-		-			