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## **COVER LETTER**

TO:

TO: Registration Section Division of Corporations	
	Front Properties LLC
Name of Limi	ited Liability Company
The enclosed Articles of Amendment and fee(s) are subt	mitted for filing.
Please return all correspondence concerning this matter to	to the following:
FRANK	CAVOWIA III
LAVONIA	WHTERFront Properties LLC
	Olphn Drive
Typita	City/State and Zip Code The Wilder Conscast in et
E-mail address: (i	TO I WE WE CONCAST I NET to be used for future annual report notification)
For further information concerning this matter, please ca	all:
FMALL LAVONIA III  Name of Person	at (56) SD2 7622 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25,00 Filing Fee \$\times \text{Certificate of Status}\$	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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

LAVONIA WA			Propert	i'es	LLC	
( <u>Name of the Limited Liability</u> (A Florida L	Company as it limited Liability	now appears Company)	on our records.)		<del></del>	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 200000 265 (</u>		iled on	1/21/20	020	and assig	gned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limite	ed liability co	mpany her	<u>e</u> :			
The new name must be distinguishable and contain the words "Limite Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		npany," the des	ignation "LLC" or	the abbrev	2020 AP	.C."
Enter new mailing address, if applicable:	<del></del>			SS/HX	— <b>О</b>	Comments.
(Mailing address MAY BE A POST OFFICE BOX)				SSE T	PM 12: 0	(000)
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office addres	s on our rec	cords, <u>enter the</u>	name of	the new	registered
Name of New Registered Agent:  New Registered Office Address:	ohn 1 907 Ipit	Enter Florid	STEV Lyhy da street address L, Florid	Dr.	S VE 3345 Vap 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 = Ms $AMBR = At$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Frank A. LADNA II	907 Polphin Drive	□Add
		Jupiter FL 33456	) Remove
			□Change
MGR	John Louis STEVENS	Jupiter FL 33458	Z Add
		Jupiter FL 33458	Remove
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