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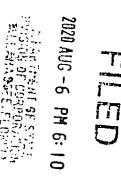
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COVER LETTER

то:	Registration Sec Division of Corp			
SUBJI	ECT: <u>Cily</u>	Or een III	ted Elability Company	· · · · · · · · · · · · · · · · · · ·
The en	closed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please	return all correspor	ndence concerning this matter (to the following:	
		Katherine	Name of Person	
		City Gree	Firm/Company	
		5941 Nort	hland Rd Unitl	4
		Fort my	City/State and Zip Code City/State and Zip Code City/State and Zip Code	5
		E-mail address.	to be used for future annual report notific	ation)
For fu	ther information co	oncerning this matter, please ca	all:	
<u>-K</u>	Wetine of	Person	at (<u>339</u>) <u>887 - 1</u> Area Code Daytime T	1918 239-850-4204 Telephone Number
Enclos	ed is a check for th	c following amount:		
□ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

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

ability Company as it now appears on our records.) lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 1-24-20 20 Florida document number <u>L20060031319</u>. 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 Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 4600 Summerlin Rd Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: ownerine OHODINE Name of New Registered Agent: New Registered Office Address: Fort Myers Florida 33905
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.

Ir 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

Title	Name	Address	Type of Action
Chore.	Kaynerine Osborne	5941 Northland Rd Urit4	_Add
		Fort myers, F1.33905	□Remove
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Effective date if	other than the date of t	filing: Jacob	1 2020	(optional)	
if an encente date is	isted, the date must be specifi	ic and common de prior i	, tate of ming of more in	in 90 days after filing.) Pursu	iant to 605.020
	serted in this block does in the date on the Department		ble statutory filing requ	irements, this date will n	ot be listed a
e record specifies a	delayed effective date, bu	it not an effective tin	ne, at 12:01 a.m. on the	e carlier of: (b) The 90th	day after the
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Filing Fee: \$25.00