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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Key Social Name of 1	I Orlando, LLC: imited Liability Company
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Joseph	Dziemian zuk Name of Person
The Kea	Social Orlando Fim/Company
12850	WATER FORD LAKES TRUY
Orlando	City/State and Zip Code City/State and Zip Code City/State and Zip Code Size (to be used for future annual report notification) Size call:
Joed & E-mail addres	City/State and Zip Code City/State and Zip Code Signature Social addition Signature annual report notification) Signature annual report notification Signature annual report notifi
For further information concerning this matter, pleas	se call:
bseph Dziemianz	at (847) 421-3449 To S
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Sand Status Sand Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Pagistration Section	Street Address: Registration Section
Registration Section Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability C	company as it now appears on our R	ecords.)
(A Florida Lin	ompany as it now appears on our re nited Liability Company)	
he Articles of Organization for this Limited Liability Complorida document number <u>L 2000 (o 1779</u>	pany were filed on Feb 2	25, 2020 and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	, -	<u> </u>
Principal office address MUST BE A STREET ADDRES.	<u>'S)</u>	2 S
		
		တာ ဦးမိုး
inter new mailing address, if applicable:		≥ 35.
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		5
B. If amending the registered agent and/or registered of gent and/or the new registered office address here:	ffice address on our records, <u>e</u>	nter the name of the new regis
Name of New Registered Agent:	.	
New Registered Office Address:		
	Enter Florida street au	ddress
		_, Florida
	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
AP	Lee Friedman	2518/ Chesnut Ave, Unit	<u>}</u> □∧dd
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			□Change
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			□Change
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effective date is li te: If the date in	other than the date of isted, the date must be specified in this block do be date on the Departm	eific and cannot be es not meet the	applicable statut	ling or more than 90 ory filing requiren	(optional) days after filing.) I nents, this date w	Pursuant to 0	605.020 isted a
	delayed effective date,	but not an effec	tive time, at 12:	01 a.m. on the ear	lier of: (b) The	90th day a	fter the
record specifies a listified.							