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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Packs Hill Road LLC 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:
Name of Person
Giovines Law Firm/Company
Len W. Bay St., Stc. 2B
Tanja, F. 33leole City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (813) SoS-S477 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing 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

tooks Hill h	ood hhc			
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appea a Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability C	Company were filed on	3/06/2020	_ and as:	signed
Florida document number <u>L20000</u> 75	-CP2-			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company b	ere:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the c	designation "LLC" or the abbre	viation "L	.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDI	RESS)		2820	
			APR	<u> </u>
			R 21	45-
Enter new mailing address, if applicable:				7
(Mailing address MAY BE A POST OFFICE BOX)			∓	# # C
			ယ	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our r	ecords, <u>enter the name o</u>	f the ne	w register
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flo	rida street address		
	. <u>.</u> .	, 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 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
MUZ	Todalis Real Estate marayement LLC	280 NW9H Street Buca Ratur, FL 33432	
	LLC	Buca Raton, fr	□Remove
		33432	□Change
			□Add
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an effective date is listed Lote: If the date insert	er than the date of filing: , the date must be specific and c ed in this block does not me ate on the Department of Sta	annot be prior to date of eet the applicable stat	filing or more than 90 days		
record specifies a dela Lis filed.	yed effective date, but not a	n effective time, at 17	2:01 a.m. on the earlier o	of: (b) The 90th day after	er the
ated Apri		2020	`		
					
	Signature of a mo	ember or authorized rep	resentative of a member		