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COVER LETTER

TO:

TO:	<u></u>		٠			
CI ID II	ect.	8805 Rhodes Stree	t, LLC			
SUBJI	ECT:	Name of Lim	ited Liability Company	·		
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
			Sonia Becerra			
			Ivanic (A 1 Cistal			
			Swyft Filings, LLC			
		8805 Rhodes Street, LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Sonia Becerra Name of Person Swyft Filings, LLC Firm-Company 3 Greenway Plaza #1320 Address Houston, Texas 77046 City/State and Zip Code filings@swyftfilings.com E-mail address (to be used for future annual report nonfication) formation concerning this matter, please call: Sonia Becerra Name of Person Area Code Daytime Telephone Number check for the following amount: ding Fee Certified Copy (additional copy) is enclosed) Certified Copy (additional copy) is enclosed) Certified Copy (additional copy) is enclosed)				
	Division of Corporations B805 Rhodes Street, LLC					
		 	Address			
	Houston, Texas 77046					
		City/State and Zip Code				
			·	ulication)		
For fu	rther information (concerning this matter, please ca	aH:			
	Sonia B	Becerra	at (877) 777-0	450		
	Name (of Person		ne Telephone Number		
Enclos	sed is a check for t	the following amount:				
⊠ \$2	5.00 Filing Fee		Certified Copy	Certificate of Status &		
	Regist Divisi P.O. H	ration Section on of Corporations Jox 6327	Registration Secti Division of Corpe Clifton Building	on orations		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

8805 Rhd	odes Street, L	LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears (ability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company v	were filed on	04/14/2020	and assigned
Florida document numberL20000102716			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the des	ignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	4700 Millenia	Boulevard Suite 175 F	PMB 94197
(Principal office address MUST BE A STREET ADDRESS)	Orland	io, FL 32839	
			700 HAT
Enter new mailing address, if applicable:	4700 Millenia	Boulevard Suite 175 f	
(Mailing address MAY BE A POST OFFICE BOX)	Orla	ndo, FL 32839	64 11: H
		_	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on	our records, <u>enter</u>	
Name of New Registered Agent:			
New Registered Office Address:	Enter Floric	la street address	
		, 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
AMBR	E31 & CO. CAPITAL PARTNERS, LLC	4700 Millenia Boulevard Suite 175 PMB 94197	Add
		Orlando, FL 32839	□ Remove
			
			C Remove
			Change
			Remove
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