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## **COVER LETTER**

Division of Corp	porations		
SUBJECT:	2174 Tripoli Ct, LLC	;	
300,jec 1.	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
		Sonia Becerra	
		Name of Person	
		Swyft Filings, LLC	
		Firm:Company	11.1.
	3 (	Greenway Plaza #1320	
		Address	<del> </del>
		Houston, Texas 77046	
	<del>,, · · _ · · · · · · · · · · · · · · · ·</del>	City/State and Zip Code	
		filings@swyftfilings.com	<del> </del>
		to be used for future annual report noti	fication)
For further information ec	oncerning this matter, please of	ill:	
Sonia Be	ecerra	<sub>at (</sub> 877)777-04	50
Name of	Person		e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.90 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILL	NG ADDRESS:	STREET/COURT	EB ADDRESS

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	oli Ct, LLC		<del></del>
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears bility Company)	on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document numberL20000106083  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability.		04/17/2020 e:	and assigned  AND HAY 18 MH
The new name must be distinguishable and contain the words "Limited Liability	y Company," the de-	signation "LLC" or the abb	reviation "L.L.C"
Enter new principal offices address, if applicable:	4700 Millenia	a Boulevard Suite 175	PMB 94198
(Principal office address MUST BE A STREET ADDRESS)	Orlan	do, FL 32839	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	<del></del>	a Boulevard Suite 175	PMB 94198
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	ice address on	our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da 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>	Name	Address	Type of Action
AMBR	E3I & CO. CAPITAL PARTNERS, LLC	4700 Millenia Boulevard Suite 175 PMB 94198	I Add
		Orlando. FL 32839	□ Remove
			Add
			Add
			☐ Remove
			☐ Change
		☐ Remove	
			Change
			Remove
			Change
			Add
			Remove
			Change

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Note:	If the date insert	er than the date I, the date must be sp ted in this block date on the Departr	oes not meet the	applicable statut	ling or more than sory filing require	(optional) 00 days after filing.) ements, this date v	Pursuant to 605.0201 vill not be listed as	7 (3)(h) i the
the re ) The	cord specifies 90th day aft	a delayed effe er the record i	ective date, b s filed.	out not an effe	ective time, a	t 12:01 a.m. c	on the earlier o	f:
Dated	May	( )	. 20	)20				
Lune	· ———•	<u> </u>		$\overline{}$	$\bigcirc$			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00