## LZO 000 117403

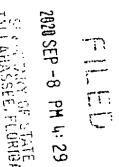
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## **COVER LETTER**

TO:

TO:	Registration Se Division of Cor			
oue is				
SUBJE	CT:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Geoffrey Pette, Esq.		
			Name of Person	
		Pette P.A.		
			Firm/Company	<b>7020</b>
		1451 West Cypress Creek I	Rd., Suite 300	2020 SEP -8 PM
			Address	-8 - E
		Fort Lauderdale, Florida 33	3309	
		Geoff@pettepa.com	City/State and Zip Code	PM 4: 29 SEE: FLORIDA
			to be used for future annual report notif	fication)
For furt	her information c	oncerning this matter, please co	all:	
Geoffre	y Pette, Esq.		954 530-6647	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>■ \$</b> 23	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compa (A Florida Limited)	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited L Florida document number L20000117403	iability Company	were filed on April 30, 20	020	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
he new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designatio	n "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	abmitted to amend the following:  the, enter the new name of the limited liability company here:  issinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  deffices address, if applicable:  the sex MUST BE A STREET ADDRESS)  address, if applicable:  4865 40th Way S.  Lake Worth, Florida 33461  AV BE A POST OFFICE BOX)  address on our records, enter the mame of the new registered we registered address here:  The post of the post of the new registered office address here:  The post of the post of the new registered of the new registered we registered Agent:  Pette P.A.  1651 West Contract Couch Rd. Suita 300			
Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)		Lake Worth, Florida 334	161	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )	· · · · · · · · · · · · · · · · · · ·	A (C)		
3. If amending the registered agent and/or sgent and/or the new registered office addre		address on our records,	enter the name	of the new register
Name of New Registered Agent:	Pette P.A.		9,5-1 <b>.</b>	
New Registered Office Address:	1451 West Cyp			
	Fort Lauderdale		, Florida	)9
		City	, 1101104	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

4704 MELALECUA LANE, LLC

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	TAYLOR V. DODGE	4865 40th Way S.	■Add
		Lake Worth, Florida 33461	□Remove
			□Change
MBR	STEPHANIE DODGE	1207 Hammond Road	□Add
		Delray Beach, Florida 33483	□Remove
			■Change
			And □ Add
			SEP BRemove
			PH Change
			□ Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
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Tective date, if other than the date of an effective date is listed, the date must be specifore: If the date inserted in this block does	fic and cannot be prior not meet the applic	to date of filing or able statutory fil	more than 90 day	s after filing.) s, this date v	Pursuant vill not b	to 605.020 e listed a
ocument's effective date on the Departmen						
ecord specifies a delayed effective date, but is filed.	ut not an effective ti	me, at 12:01 a.n	a. on the earlier	of: (b) The	90th day	y after th
is thed.						
ated Sept. 3	2020					
nod <u>Jena J</u>		'				
Signature		<del></del>				