Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Number : I20180000086 Phone : (916)576-7000

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	Yvonne K Rob ed Liability Compan (A Florida Limited Lia	as it now appears on our re	ecords.)	<u> </u>		
The Articles of Organization for this Limited L. Florida document number		06/03/5	2020	a	ınd assi	gned
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	the limited liabil	ity company here:				
The new name must be distinguishable and contain the w	ords "Limited Liabilit	y Company," the designation	"LLC" or the	abbrevia	tion "L.I	C."
Enter new principal offices address, if applic	able:	145 Crossroad Lakes DF	<u> </u>			
(Principal office address MUST BE A STREE	T ADDRESS)	Ponte Vedra Beach, FL 3	32082	<u> </u>		
Enter new mailing address, if applicable:		145 Crossroad Lakes DR	1	50	2929	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	Ponte Vedra Beach, FL	32082		S NO	-!
B. If amending the registered agent and registered agent and/or the new registered of	or registered off	ice address on our rec	cords, <u>ent</u>	er-the	name o	i: j
Name of New Registered Agent:		Justin G Cerrato ESC	5			
New Registered Office Address:	4309 Pablo Oa	ks St. 2nd floor Enter Florida street o	iddress			
	Jacksonville		Florida	32224		
<u>,</u>		City	_, r iorioa	Zi	p 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.

Gustin G Cerrato, ESQ BUTTO 3 28 PV EDT ABGG BYNA BY CHILD

If Changing Registered Agent, Signature of New Registered Agent

dottoop signature verification $(\partial_{x} \alpha)_{x} \in \{x, x\} \cap \partial_{x} \omega$

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
	_	Intentionally left blank	
			□ Remove
			☐ Change
			_ П Rетюче
			Change
	_		
			Remove
			Change
			□ Remove
			☐ Change
			Add
			П Келюче
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			Add
			Remove
			□ Change

E. Effective date, if other than the date of filing: (transfercive date; ill select due to specific and cannot be prior to date of filing or more than 90 days after filing). Pursuant to 603 0207. Note: If the date inserted in this block does not meet the applicable statutory. Of thing requirements, this date will not be listed as document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b). The 90th day after the record is filed. Dated June 12 2020 June 12 3020 Signature of a member or authorized representative of a member Young K Roberts Typed or printed name of signee.		e any other infor	mation, enter change(s) here	:: (Attach additional sheets, if necessary.)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b). The 90th day after the record is filed. Dated	., 11 milendin	g any outer more	inition, circle change (b) here	,
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General Society Services Signature of a number or authorized representative of a member Yvonne K Roberts	(b) The 90t	h day after the	record is filed.	
General Signature of a number or authorized representative of a member Yvonne K Roberts	Dated	June 12	2020	
Signature of a number or authorized representative of a member Yvonne K Roberts	Dated		 _,	gouldopriver/ ed 394.1776 PV 4617
Yvonne K Roberts	_		Guonne K Roberts	
Typed or printed name of signee	-		Yvonne	
			At 1	The same of significants

To: 18506176383 From: 19165767051 Date: 06/15/20 Time: 10:56 AM Page: 05/05

Filing Fee: \$25.00