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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: SAVE	THE DAM Name of Lim	JFORES T ited Liability Company	
The enclosed Articles of Ame		-	
r teade rectiff an extresponder	ree concerning this maker	ar are following.	
-	Sofia	Condeno Name of Person	
	<u></u>	C	
-		Firm/Company	
-	3331 Yo	IRKTOWN ST.	
2	SARASOTA	FLOMIDA /. City/State and Zip Code	34231
_	E-mail addresses to	o be used for future annual report not	(figurion)
For further information conce			ncau(n)
Sofia Cord	PITO	a()_941	225 3991
Name of Per	son	Area Code Daytin	ne Telephone Number
Enclosed is a check for the fo	llowing amount:		
S25.00 Filing Fee □	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Address:		Street Address:	
Registration Sect Division of Corporate Corpor		Registration Se	
P.O. Box 6327	нацона	Division of Co The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany as it now appears on our records.) Liability Company)
y were filed on $08/0.7/2020$ and assigned
bility company here:
bility Company," the designation "LLC" or the abbreviation "L.L.C."
e address on our records, <u>enter the name of the new registered</u>
Enter Florida street address
]

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 4.23 St 7 Pl. 6:3	Type of Action
MGR	Sofia Cordeno	3331 YORKTOWN ST	_ X Add
			□Remove
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	1.18: -2 P.16:04
	
	
	(optional) r to date of filing or more than 90 days after filing.) Pursuant to 605.0207 cable statutory filing requirements, this date will not be listed as
ecord specifies a delayed effective date, but not an effective tils filed.	ime, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Suff Signature of a member or author	<u> </u>