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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: <u>(e</u> C	Name of Limi	ited Liability Company	CCC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Dicole K	Name of Person	
	Central	Planda Title Firm/Company	Services, CCC
	3098 W.	Lake Mary BI	ud, 20d FLOOR
	_	Chy/State and Zip Code	
	Piges Renderess (title for d to be used for future annual report notifi	ation)
For further information c	oncerning this matter, please ca	all:	
Nicole X	Person SS	at (<u>561</u>) <u>212 -</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
\$25,00 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)
Mailing Address		Street Address:	tion

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

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 817/2020 and assigned Florida document number <u> 4000 2475</u> 37-This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _ City 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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

f 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>l'itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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an effective date is listed	er than the date of filing: , the date must be specific and c	annot be prior to date of filir	ig or more than 90 days afte	er filing.) Purs	suant to 60	05.0207
	ed in this block does not me are on the Department of Sta		y filing requirements, th	is date will	not be its	sted as
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	Signature of a mo	ember or authorized-represe	ntative of a member			

Filing Fee: \$25.00