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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			
	ERSEAS HWY LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing	
	ondence concerning this matter		
	Andrew L. Mann, Esq.		
		Name of Person	
	Mann Wolf Plyler LLP		
		Firm/Company	·······················
	7800 W. Oakland Park Bly	vd., Suite B-104	
		Address	
	Sunrise, FL 33351		
	andrew@mannwolf.com	City/State and Zip Code	
For further information	E-mail address: (concerning this matter, please concerning this matter)	to be used for future annual report not	utication)
Andrew L. Mann. Esq.		954 572-9944	
Name	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 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 (additional copy is enclosed
Mailing Addr Registration		Street Address: Registration S	ection
Division of	Corporations	Division of Co	orporations
P.O. Box 63	327	The Centre of	Lallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 MAR 15 AM 9: 21

95551 OVERSEAS HWY LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{9/2/2020}{}$ and assigned Florida document number __L20000265636 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 "LLC" 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

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.

, Florida _

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
MGR	Charlene Johnson	1819 SE 17th Street, Apt. 1007	= Add
		Fort Lauderdale, FL 33316	□Remove
			□ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
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ecord specifies a delayed effectivis filed.	e date, but no	an effective	time, at 12:01	a.m. on the ea	rlier of: (b)	The 90th	day afte	r the
March 15		. 2023						
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Filing Fee: \$25.00