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| (Name of the Linkted Linktity Compa | ny as it now appears on our reco liability Company) | nda) |
| The Articles of Organization for this Limited Liability Company | were filed on | and assigned) |
| Florida document number <u>L20000286459</u> | | |
| This amendment is submitted to amend the following: | | 長 |
| 4. If amending name, enter the new name of the limited liab | ility company here: | , |
| | <u>.</u> . | |
| The new came must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "L | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 4604 S JOE RY | |
| Principal office address MUST BE A STREET ADDRESS) | GREENACRES | FL 33467 |
| | | 4 |
| Enter new mailing address, if applicable: | 19604 S JOG | |
| Mailing address MAY BE A POST OFFICE BOX) | GREENACRES | FL 33467 |
| | | |
| B. If amending the registered agent and/or registered office | address on our records, ent | er the name of the new registere |
| agent and/or the new registered office address here: | | |
| | • | , |
| Name of New Registered Agent: | <u></u> | |
| New Registered Office Address: | | |
| New Registate Onios (Sansasso) | Enter Florida street ada | lress |
| | | Florida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent | <u> </u> | • |
| I hereby accept the appointment as registered agent and ag | | I further agree to comply with th |

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

| AMBR = Author | ger ' ' | | |
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| Effective date, if other than the date of filing: (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 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. | 207 (3) as the | |
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| Dated <u>09-22-2070</u> , Celsien Etennee Signature of a member or authorized representative of a member | | |
| Typed or printed name of signee | | |