## 120000328819

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T. MATTHEWS
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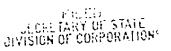
## **COVER LETTER**

то:	Registration Sec Division of Corp				
			Y MANAGEMENT LLC		
SUBJI	CT:	Name of Limi	ted Liability Companý	<u> </u>	•
	BJECT:  THIRD PARTY MANAGEMENT LLC  Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filling.  ILOVETTE DOBSON  Name of Person  Firm/Company  17350 STATE HWY 249 STE 220  Address  HOUSTON, TX 77064  City/State and Zip Code  EFILE1234@INCFILE COM  E-mail address: (to be used for future annual report notification)  Firm/Company  10 Area Code  Daytime Telephone Number  Closed is a check for the following amount:  if \$25.00 Filling Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate Copy (additional copy is enclosed)				
ricasc	return an correspon		to the following.		
		LOVETTE DOBSON		- <u></u>	
			Name of Person		
			Firm/Company		
		17350 STATE HWY 249 S	STE 220		
			Address		
		HOUSTON, TX 77064			
			City/State and Zip Code		<del></del>
		E-mail address: (	to be used for future annual repo	ort notification)	
For fur	ther information co	oncerning this matter, please ca	all:		
LOVE	TTE DOBSON		1 888-46	52-3453	
•	Name of	f Person	at () Area Code [	Daytime Telepho	ne Number
Enclos	ed is a check for th	ne following amount:			
<b>≡</b> \$2	5.00 Filing Fee		Certified Copy		Certificate of Status & Certified Copy
	Mailing Addres	<u>s:</u>	Street Addr	ess:	

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



THIRD PARTY MANAGEMENT LLC

22 APR 19 PM 3: 23

(A Florida Limited I	Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000328819</u>	were filed on 10/16/2020 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	2630 W BROWARD BLVD SUITE 203 - 1897		
(Principal office address MUST BE A STREET ADDRESS)	FORT LAUDERDALE, FL 33312		
Enter new mailing address, if applicable:	2630 W BROWARD BLVD SUITE 203 - 1897		
(Mailing address MAY BE A POST OFFICE BOX)	FORT LAUDERDALE, FL 33312		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the name of the new regist</u> e		
New Registered Office Address:			
	Enter Florida street address		
	Florida		
	City Zip 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.

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
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ecord specifies a delayed effective is tiled.	date, but not an effective	e time, at 12:01 a.m. o	on the earlier of: (b)	The 90th day after the
ted APRIL 12	2022			
	highature of a member or a	Thorized representative	Of a member	
	·	amonized representative	or a memoer	
CHRISTOPHER PIERRI	દ			