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| (Requestor's Name) | |
|---|----------------|
| (Address) | 50036435 |
| (Address) | |
| (City/State/Zip/Phone #) | |
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| (Business Entity Name) | 04/22/2101011- |
| (Document Number) | |
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|---|--|--|
| | PERT PROS LLC | • | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | MICHAEL DAL LAGO | | |
| | | Name of Person | |
| | DAL LAGO LAW | | |
| | | Firm/Company | |
| | 999 VANDERBILT BEAC | CH ROAD, SUITE 200 | |
| | | Address | |
| | NAPLES, FLORIDA 3410 | 08 | |
| | | City/State and Zip Code | |
| | MIKE@DALLAGOLAW.0 | | |
| | | to be used for future annual report notifica | ition) |
| For further information of | concerning this matter, please c | ан: | |
| MICHAEL DAL LAGO | | 239 571-6877 at () | |
| Name o | of Person | Area Code Daytime T | elephone Number |
| Enclosed is a check for t | 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 Registration : Division of C P.O. Box 632 Tallahassee, | Section Corporations 27 | Street Address: Registration Section Division of Corporation The Centre of Tall 2415 N. Monroe Stallahassee, FL 32 | orations lahassee Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited (A | Liability Company as Florida Limited Liabil | it now appears on our records.) (ty Company) | |
|--|--|--|--|
| The Articles of Organization for this Limited Liab Florida document number 1.20000333828 | oility Company were | e filed on 10/29/2020 | and assigned |
| This amendment is submitted to amend the follows | ring; | | |
| A. If amending name, enter the new name of the | he limited liability | company here: | |
| The new name must be distinguishable and contain the word | ds "Limited Liability C | ompany," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicab | ole: | | |
| (Principal office address MUST BE A STREET) | ADDRESS) | - | |
| | _ | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BO | <u> </u> | | |
| B. If amending the registered agent and/or registered affice address because the new registered office address because the new registered office address because the new registered office address because the new registered of the new registered agent and/or the new registered of the new registered agent and/or the new registered of the new registered agent and/or the new registered of the new | | ess on our records, <u>enter the</u> | name of the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | | Enter Florida street address | |
| | | Floric | da |
| | | Ciŋ: | • |
| | | | · . 😂 |
| I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg | and complete perj ered agent as prov | formance of my duties, and l ided for in Chapter 605, F,S | am familiar with and Or, if this document is |
| company has been notified in writing of this ch | unge. | | FD |
| | If Changing | Registered Agent Signature of N | w Registered Agent |
| New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg | vistered Agent: agent and agree to and complete per) ered agent as prov. gistered office add ange. | City Act in this capacity. I further formance of my duties, and I ided for in Chapter 605, F.S. | Zip Code er agree to comply w am familiar with ar i. Or, if this documer he linged liability ? |

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 |
|--------------|----------------|------------------------|---------------------------------------|
| AMBR | CHARLES ST CYR | 1021 ALIEO AVE | □ ∧dd |
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| ective date, if other than the d effective date is listed, the date must be te: If the date inserted in this block | e specific and cannot be prior to | o date of filing or more the | m 90 days after filing.) | Pursuant to 605.02 0 xill not be listed a |
| cument's effective date on the Dep | | the statetory raing rock | T. | . 8 |
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