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(City/State/Zip/Phone #)	
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COVER LETTER

TO:

Registration Section

Division of Co	rporations				
SUBJECT:	Cherry Br Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	BRICK	Name of Person			
		Raine of Person Reps Firm/Company			
	142	Mongan	LN		
	PORT	CHARLOTTE	FL	3395	Z.
	brick (E-mail address:	CHARLOTTE City/State and Zip Code City/State and Zip Code Code by ick Received to be used for future annual received.	460 C	Com ion)	
For further information of	oncerning this matter, please c	all:			
BRICK	Rule Person	at (<u>941)</u>	204 Davime Te	000 Z_	
. value v	. reason	, nea coac	Dayana re	Kymone (*immer	
Enclosed is a check for the	ne following amount:				20
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy fadditional copy is encl		S60.00 Filing Certificate of Certified Cop (additional copy	Status & 🚅
Mailing Address Registration 9 Division of C P.O. Box 632 Tallahassee, 1	Section forporations 7	Division The Cen 2415 N.	tion Section of Corpore tree of Talla	ations ahassee treet, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2005

CHERRY

3,522		
(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	L1 and ass	igned
lorida document number L21000003426.		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
'he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	abbreviation "L,	IC."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable:		 -
Mailing address MAY BE A POST OFFICE BOX)	 	
	A	
If amending the registered agent and/or registered office address on our records, enter the nargent and/or the new registered office address here:	me of the nev	v register
		(i)
Name of New Registered Agent:		.
New Registered Office Address: Enter Florida street address	27	
		*
, Florida, City	Zip Code	<u></u>
Sew 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

Title	<u>Name</u>	Address	Type of Action
MGR	BRICK RULE	102 MORGAN LN SE PORT CHARLOTTE FL TO	≅∧dd
		PORT CHARCOTTE FL	
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m effective date ote: If the dat	is listed, the date te inserted in th		ind cannot be prior timeet the appli	cable statutory fi	(op more than 90 days at ling requirements, t		Pursuant to 6	
record specific is filed.	s a delayed effe	ective date, but n	iot an effective	ime, at 12:01 a.n	a. on the earlier of:	(b) The	90th day af	ier the
	7/19/	1 2021	<u>.</u> ·					
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