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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 170 Mara of Lin	zel Tev Estate LLC nited Liability Company	
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Raym	onde Charlier Name of Person	
	Firm/Company	
<u> 366 1</u>	Address Ra	
	City/State and Zip Code	
E-mail address:	(to be used for future annual report notification)	
For further information concerning this matter, please of	call:	
Raymondo Charlier Name of Person	at (954) 560 - 0234 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	. 201 - 201 - 31	
\$25.00 Filing Fee \$\ \$30.00 Filing Fee \$\ Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy Fenclosed)	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations	
Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

170 Mazel Tov Estate 110

(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	were filed on $\frac{O//O4/\partial/}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y 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 ac agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: Lic	H. Light Fsq. 3
New Registered Office Address: 301	Janato Rd Ste 12340 :
Boc	a Raton, Florida 3343/
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 Changing Registered Agent, Signature of New Registered Agent

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 Type of Action Address Title Name MGR ALLEBAZ LLC 3661W. Forge Rd, Davie FL 33322 DANG □Remove P Raymondo Charlia ___ □Add **Z**Remove MGR Didies Deston leaner **⊈**Remove □Remove Ū □ Change \square Add _____ 🗀 Remove

_____ Change

II AIIIC	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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If an effe Note: docume	ive date, if other than the date of filing:	ed as
e record ord is file	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 10th day after led.	r the
Dated _	$\frac{3/20/21}{0.0000000000000000000000000000000000$	
	Signature of a promptor or surfacional resources	
	Signature of a member or authorized representative of a member Charlie Charlie	