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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

ТО:	Registration Section Division of Corporati	ons			•	
SUBJI	:CT:	290	Maz Name of Limited	C TOV	Estate,	LLC_
The en	closed Articles of Amen	dment and f	ee(s) are submi	ned for filing.		
Please	return all correspondenc	e concernin	g this matter to	the following:		
	_		Rayn	1 on do C	harlier	-
				Lamet ompany		
		(3)	5661	W. For	ge Rel	
				V.C.C. F.Z.	3332	2-8
		f -ı	nail address. (to	be used for future annu-	al report notification)	
For ful	ther information concer	ning this ma	tter, please call	:		
R	uimond C	har	lier	at 1 <u>9 S (4</u>) Area Code	560-023 Daytime Teleph	oue Number
Enclos	ed is a check for the foll	lowing amor	int:			
V	25.00 Filing Fee V	\$30,00 Fili Certificate	ng Fee & y of Status	 \$55,00 Filing Fe Certified Copy cadditional copy is c 		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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



	•	<i>)</i>	
(Name of the Limi	Maz e	any as it now appears on our records.	21 MAR 31 PM 12: 18
The Articles of Organization for this Limited I	lability Company	,	
Florida document number <u>L 2 000 c</u>	212189	, ,	
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited fial	pility company here:	
The new name must be distinguishable and contain the	words "I mited Liab	fity Company," the designation "FLC"	or the abbreviation "L.I. C."
Enter new principal offices address, if applic	rable:		
(Principal office address MUST BE A STREI	ET_(DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>RON)</u>		
B. If amending the registered agent and/or (agent and/or the new registered office addre	<u>ss liere</u> :		
Name of New Registered Agent:	Eric_	H. Light Esq. Jamate Rd S	
New Registered Office Address:	30L	Jamato Rd S	te 1240
	B.0	ca Raton Flor	ida <u>3 3 4 3 /</u>

New Registered Agent's Signature, if changing Registered Agent:

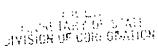
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby 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



DU 10. 10

Title	Name	21 MAR 3 PM 12: 18 Address	S Type of Action
MGR	ALLEBAZ LIC	3.661 W. Forge Rd, Davie, FL 33328	_ ZXdd
			_ □Remove
_			
<u>P</u>	Raymondo Charlier		_ IAdd
			ZiRemove
			_
MGR	Didies Descontrater	 	_ TAdd
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ctive date, if o	other than the	date of filing:	<u> </u>	14/21		(optional)	
arphi If the date in	sted, the date must serted in this blo	ock does not me	et the applie:	able statutory fi	r more than 40 ling requirer	days after filing.) nents, this date v	Pursuaut to 605,0. vill not be listed
ment's effectiv	e date on the De	partment of St	ne's records.				
ord specifies a	delayed effective	date hit not a	n effective ti	nie at 12.04 au	n on the ear	lier of: (b) The	Stuth day affect
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		Signature of a ma	Rho	1 lie			