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COVER LETTER

Division of Corporations
SUBJECT: VOODOO BAYOU LAS OLAS LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
CLINTON C Peery Name of Person
Vootoo Bayou Las Dlas LLC
160 VIA ROSINA
Jupiter F1 33458 City/State and Zip Jode am nalm Deach Community Com
E-mail didress: (to be used for future annual report notification)
For further information concerning this matter, please call:
CINTON Peery at (56) 723-0059 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section

TO:

Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Voodoo Bayou	u Las OL	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number — 21000 16954	y were filed on Jan	05,2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2022 APR
Enter new mailing address, if applicable:		AHAS
(Mailing address MAY BE A POST OFFICE BOX)		ms g
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.	office address on our re:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	vet address
<u></u>		, 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 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			Change
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The 90th day aft	er the record is	filed.				
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