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COVER LETTER

TO: Registration Se Division of Cor				
1	Roh Homas	110.		
SUBJECT:	Name of Lim	ited Liability Company		
The analogist Actions of	Amendment and fee(s) are sub	omittad for filing		
	·	-		
Please return all correspo	ndence concerning this matter	to the following:		
	Lasra	Robinson		
		Name of Person		
		Firm/Company		
		, ,		
	The No lot	Ct		
		Address		
	Derfield Bea	City/State and Zip Code		
	la a mombaixon	Chystate and Zip Code		45
	E-mail address: (to be used for future annual report notification)		C)
tion for their information of	oncerning this matter, please c			-
ror further information of	oncerning this matter, please c	an.		•
kmaa mo	nen	at (954) 471-0758	•	-
Name o	f Person	Area Code Daytime Telepho	one Number	:
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	e u		22	
Enclosed is a check for the	-			
₾\$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 Addres Registration S	Section	Street Address: Registration Section		
Division of C		Division of Corporatio	INS	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

1 Rob Homes	11_C				
(Name of the Limited	Liability Company as Florida Limited Liabil	it now appears on (ity Company)	our records.)		•
The Articles of Organization for this Limited Liabi	ility Company wer	~ 1	11/8021	and a	ssigned
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	ne limited liability	company here:			
The new name must be distinguishable and contain the word	ls "Limited Liability C	ompany," the design:	ation "LLC" or the ab	breviation "	L.L.C."
Enter new principal offices address, if applicable	le:		<u>-</u> _	_	
(Principal office address MUST BE A STREET)	<u> 4DDRESS)</u>		_		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>				(5)
B. If amending the registered agent and/or regi agent and/or the new registered office address h		ess on our recor	ds, <u>enter the nam</u>	e of the n	i i i
Name of New Registered Agent:		·			·
New Registered Office Address:		Enter Florida st	reet address	- -	
_			Florida		
		City		Zip Cod	le
New Registered Agent's Signature, if changing Reg	istered 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jessica Robinson	300 NW 4th or Rosteld beach, fr 33441	_ WAdd
			□Remove
			□Change
HGR	Dese Frazier	Wal NW 8th Ave Pompano becan fl 33000	D DAdd
			□Remove
			□Add
			□Remove
		;> 	□Change
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an effective date is lote: If the date is	f other than the date listed, the date must be spi inserted in this block do ive date on the Departn	ecific and cannot be pri ses not meet the appl	icable statutory filing	(optio ore than 90 days after g requirements, this	iling.) Pursuan	t to 605.020 be listed a
record specifies a	a delayed effective date.	, but not an effective	time, at 12:01 a.m. o	on the earlier of: (b)	The 90th da	ay after the
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ated <u>Jol</u>	Juica	Transition of a member or au	horized percentation	of a member		