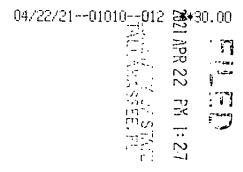
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporat	tions				
SUBJECT:(Derry (Name of Limi	icd Liability Company		·	
The enclosed Articles of Amer		-			
Please return all correspondence	e concerning this matter t	to the following:			
_	Monica	Ruso Name of Person		· · · · · · · · · · · · · · · · · · ·	
_	Mae	Berry Co	_//C		~)
_	2617 B	OSENGUEO_ Address	Drive	The state of the s	2021 APR 22
7	Wesley Chap	City/State and Zip Code	544		-0 IT
_	E-mail address: (t	1 - Compons be used for future annual	(a) gmm (Canas	1:27
For further information concer	ning this matter, please ca	ill:			
Monita Rus Name of Perso	SO on	at (<u>727</u>) Area Code	469400 Daytime Telephon	ne Number	-
Enclosed is a check for the folion of S25.00 Filing Fee	owing amount: \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		\$60.00 Filing Fe Certificate of St Certified Copy (additional copy is	tatus &
Mailing Address: Registration Section			ation Section		
Division of Corpo	rations	Division	n of Corporation	ns	

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

Mae Bern	1/C 1/C	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on out la Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability (Florida document number	Company were tiled on2 - \frac{1}{2}	2-202 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	MarBerry - one wo	$\times d$
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	70 mg
		<u> </u>
		Sign PK
Enter new mailing address, if applicable:		77 7
(Mailing address MAY BE A POST OFFICE BOX)		r: -1
B. If amending the registered agent and/or registere		, enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et 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 = Manager AMBR = Authorized Member

<u>Title</u> Wher	<u>Name</u>	Address	Type of Action
AMBR	Monica Russo	2017 Rosehaven dr.	\ GAdd
		Wesley Chapel, FL 33544	Remove
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	•		□ Add
	·		Change R 22
		20 STA	Change Add Nove Property 1:27
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	ifies a delaye	ed effective d	ate, but not	t an effect	ive time, a	nt 12:01 a.n	a, on the ear	rlier of: (b) The	90th da	y after the
is filed.											
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		_		member or							

Typed or printed name of signce