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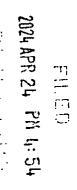
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Special Instructions to	Filing Officer	

Office Use Only



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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	Englewood,	, LLC		
SOBJECT.		Name of Limi	ted Liability Company	
The enclosed	I Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Judith Bałda		
			Name of Person	
		Englewood, LLC		
		·	Firm/Company	
		2843 S Bayshore Dr Apt 3-	·C	
			Address	
		Miami, Fl 33133		
			City/State and Zip Code	
		jbaldal@gmail.com		·
		E-mail address: (	to be used for future annual report no	otification)
For further is	nformation c	oncerning this matter, please ca	all:	
Judith Balda	1		786 223-2624	
	Name o	f Person		me Telephone Number
Enclosed is	a check for the	he following amount:		
<b>■</b> \$25.00 l	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re	iling Address	Section	Street Address: Registration S	
	vision of C D. Box 632	Corporations	Division of Co The Centre of	•
	J. Box 052 Hahassee.			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- Englewood	LLC
(Name of the Limited Liability ( (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number 1210013353	so and assigned as a second assigned assigned assigned as a second
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE.	<u>ss</u>
	P R TI
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
R. If amending the registered agent and/or registered of	office address on our records, enter the name of the new register
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. 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 t 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jessica Signorini	755 Tibidabo Ave Coral Gables, FL 33143	■Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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