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## **COVER LETTER**

Division of Corp	orations			
SUBJECT:	ove Lati LLC			
50bJEC1:	Name of Lin	nited Liability Company		
The enclosed Articles of A	amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Lety Coll	(nze)S		
	<del></del>	Name of Person		
	- Love Let	Firm/Company		<u>-</u>
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For further information co	ncerning this matter, please c	all:		
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Name of	S Person	at (197) 9 Area Code	Daytime Telephone Nu	mber
Enclosed is a check for the	e following amount:			
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X \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cert sed) Cert	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)

TO: Registration Section

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

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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 Type of Action Add<u>ress</u> Title <u>Name</u> \_\_\_\_\_ JAdd \_\_\_\_\_\_ DAdd \_\_\_\_\_ □Change \_\_\_\_\_ Change □ Change \_\_\_\_\_ □Remove

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