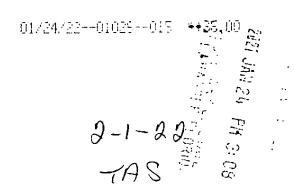
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## **COVER LETTER**

TO: Registration Sec Division of Corp			
		AL TREE LANE LLC	
SUBJECT:	Name of Limi	ted Liability Company	<del></del>
The enclosed Articles of .	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249,		
	HOUSTON TX 77064	Address	
		City/State and Zin Code	
Division of Corporations    SUBJECT:			
	E-mail address: (	to be used for future annual report no	tification)
For further information c	oncerning this matter, please co	all:	
LOVETTE DOBSON		1 888-462-34	453
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			ection
Division of Corporations		Division of Co	orporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5570 SW CORAL T	TREE LANE LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Jability Company)	
he Articles of Organization for this Limited Liability Company lorida document number <u>L21000529823</u> .		and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5570 Sw Coral Tree Lane	
Principal office address MUST BE A STREET ADDRESS)	Palm City, FL 34990	
	5570 Sw Coral Tree Lane	ــــــــــــــــــــــــــــــــــــــ
Enter new mailing address, if applicable:	Palm City, FL 34990	
(Mailing address MAY BE A POST OFFICE BOX)		72 P
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	ne name of the new regis
Name of New Registered Agent:	<u> </u>	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address	
	, Flor	
	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>	<u>Name</u>	Address	Type of Action
AMBR	Aikane Kessler	5570 Sw Coral Tree Lane	□Add
		Palm City, FL 34990	□Remove
			\overline Change
AMBR	Ranim Talih Kessler	5570 Sw Coral Tree Lane	□Add
		Palm City, FL 34990	□Remove
			■ Change
			—————————————————————————————————————
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fective date, if other than the don effective date is listed, the date must bote: If the date inserted in this block cument's effective date on the Dep	he specific and cannot be prior to date ${f k}$ does not meet the applicable st	of filing or more than 90 days af	otional) fter filing.) Pursuant to this date will not be	605.020 <sup>°</sup> listed as
ecord specifies a delayed effective a is filed.	date, but not an effective time, at	12:01 a.m. on the earlier of:	(b) The 90th day a	after the
January, 11	. 2022			
	1906 - 1			