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COVER LETTER

TO: Registration Division of C			
	gnolia, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Alexzander Gonano, Esq.		
		Name of Person	
	Gonano & Harrell		
		Firm/Company	
	1600 S. Federal Hwy, Suit	te 200	
		Address	
	Fort Pierce, FL 34950		
		City/State and Zip Code	
	billy@ipnav.com	. N N	
For further information	concerning this matter, please c	to be used for future annual report r	outication)
Alexzander Gonano		772 464-1032	
Name	of Person	at () Area Code Day	time Telephone Number
Enclosed is a check for	the following amount:		
■ \$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 Addra		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 63		The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

4168 Magnolia, LLC

2022 APR -1 AH 9: 32

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SEUR. STATE TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 2/10/2022 _ and assigned Florida document number <u>L22000092227</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 4168 Magnolia St Enter new principal offices address, if applicable: Palm Beach Gardens, FL 33418 (Principal office address MUST BE A STREET ADDRESS) 4168 Magnolia St Enter new mailing address, if applicable: Palm Beach Gardens, FL 33418 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: GONANO & HARRELL, CHARTERED Name of New Registered Agent: 1600 S. Federal Highway, Suite 200 New Registered Office Address: Enter Florida street address Fort Pierce 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.

Mexzander Gonano

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized rerson(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	BRENDA CALCAVECCHIA	19981 SE WATERGRASS DRIVE	□ Add
		JUPITER, FL 33458	
			Change
MGR	Billy Carter	4168 Magnolia St	≣ Add
		Palm Beach Gardens, FL 33418	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)

-	
an effecti ote: If	date, if other than the date of filing:
ecord s is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	3/26/2022
	Brenda (alcavecchia
	VIEWTELDIA 299US
	Signature of a member or authorized representative of a member

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