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COVER LETTER

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or buc	493	89 TEQUI		
SUBJEC	.l:	 ,	Name of Lim	ited Liability Company
The enclo	osed Art	icles of A	mendment and fee(s) are sub	emitted for filing.
Please re	eturn all o	correspon	dence concerning this matter	to the following:
			James Scuttina	
				Name of Person
			4939 TEQUESTA DRIVE	ELLC
				Firm/Company
			1800 S Australian Ave	
			_	Address
			WEST PALM BEACH, F	L 33409
				City/State and Zip Code
			jscuttina@yahoo.com E-mail address: (to be used for future annual report notification)
For furth	er infori	nation cor	ncerning this matter, please c	all:
James So	cuttina			631 764 5578
		Name of I	Person	at () Area Code Daytime Telephone Number
Enclosed	l is a che	ck for the	following amount:	
■ \$25.0	00 Filing	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Street Address:
	Registr Division P.O. B	Address: ration Se on of Co ox 6327 assee, Fl	ection rporations	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**

(Name of the Limited Liability Company as it now appears on our records) (A Florida Limited Liability Company) (A Florida Limited Liability Company) [Initial Company were filed on and assigned florida document number [Initial Liability Company were filed on and assigned florida document number [Initial Liability Company were filed on and assigned florida document number [Initial Liability Company were filed on [Initial Liability Company wer	4939 TEQUESTA DRIVE LLC		
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." anter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 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 address here: Name of New Registered Agent: New Registered Office Address: Mest Palm Beach James Scuttina 1800 S Austrailian Ave Suite 300 West Palm Beach FL 33409 James Scuttina 1800 S Austrailian Ave Suite 300 Enter the name of the new registered address here: Name of New Registered Agent: New Registered Office Address: Mest Palm Beach Florida 33409	(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on o Liability Company)	ur records.)
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." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) Enter new mailing the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Name of New Registered Address: James Scuttina		were filed on	and assigned
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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. PK

If Changing Registered Agent, Signature of New Registered Agento

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
MGR	ANNEMARIE ALASTRA	121 MYSTIC LANE	□Add
		JUPITER FL 33458	■Remove
			□ Change
 			□ Add
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CODES SCHOOLS	James Scuttina					Thursday.	2: 08 L	ĺ

Filing Fee: \$25.00