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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

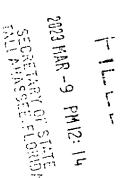
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A. RIVERS MAY - 6 2023

COVER LETTER

TO: Registration Division of	n Section Corporations	
SUBJECT:	1801 F	Escapade LLC nited Liability Company
<u></u>	Name of Lim	nited Liability Company
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.
Please return all corre	espondence concerning this matter	to the following:
		Contessa Prerre
		Name of Person
	180	OI ESCAPADELLC Firm/Company
	3731 core	Address
	Coconu	+ Creek FL 3307-3 City/State and Zip Code
	Coryess E-mail address: (to be used for future annual report notification)
For further information	on concerning this matter, please c	call:
Contes	Sa Prece	at (<u>7-86</u>) 343 0045 Area Code Daytime Telephone Number
	or the following amount:	
53.\$25.00 Filing Fe	e S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Ad</u> Registrati	dress: on Section	Street Address: Registration Section
_	of Corporations	Division of Corporations
P.O. Box	6327	The Centre of Tallahassee
Tallahasse	ee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

A PROPERTY.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u> </u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4038 nw 11th Street,
(Principal office address MUST BE A STREET ADDR	ESS) Laudethill FL 33313
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4038 Nw 11th Street, Lauder Will FL 33318
agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: 403	8 nw 11th Struct, London 1100
_Lc	City Florida 33318 5
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>	Name	Address	Type of Action
CEO	Confessa Provie	3731 Covaltree Cir tree	□Add
		Coconut Creck FL 33073	Remove
			DChange
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f an eff Note:	we date, if other than the date of filing: 2 12 23 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e recor rd is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	2/12/23 C
	Signature of a member or authorized representative of a member

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