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Special Instructions to	Filing Officer	
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### **COVER LETTER**

SUBJECT: Mar.	paritaville	2967 Casto	away Lone,
<del>-/</del>	Name of Lin	ited Liability Company	LLC
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Andrea	Gomes Roja Name of Person	es
	<del></del>	Firm-Company	
	307 Se	ven Isles Dr	ive
	Fort L	ouderdale t	FL 33301
	e-mail address: (	City/State and Zip Code  City/State and Zip Code  to be used for future annual report notified.	gomez. Com
For further information co	ncerning this matter, please c	all.	
Andrea	GOMEZ Roja	$\frac{1}{4}\int_{\text{Area Code}} \frac{4-54}{\text{Daytime}}$	19-4362 e Telephone Number
Enclosed is a check for the	e following amount:		
0 623,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

### Mailing Address:

TO:

Registration Section
Division of Corporations

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

The Articles of Organization for this Limited Liability Company were filed on \_ Florida document number L22000300550 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 Enter 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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

#### 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 Ai	uthorized Person(s) authorized to man m our records:	age, enter the title, name, and address of each	person being added
MGR = Man	ager Keep	Edward + Robert	
AMBR = Auth <u>Title</u>	orized Member - F	Edward + Robert Remove Denise. + Add BRIAN &	Manshill )  Type of Action
AMBR.	Nadwodny, Denise M.	108 Highwood Ave	
		Oak Point TX 7506	8 move
(Reno			□Change
4			□Add
			□Remove
AMBR	Sellers, Brian R	2322 W Winnema Chicago, IL 6062	Change  Add
	BHAIR	Chicago, IL 606 C	□Remove
AMBR	Sellers, marti	1 C 4845 N WINE Apt 2	Lester Ave
	,	Chicago IL 6	0640 □Remove
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Filing Fee: \$25.00