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SECRETARY OF STATE TALLAHASSEE, FL

2022 AUG 19 AM 12: 16

COVER LETTER

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TO:

TO: Registration ! Division of Co		
	ROPERTIES, LLC	
SUBJECT:	Name of Lim	ited Liability Company
m	The state and fine(a) are sub-	mitted for filing
	of Amendment and fee(s) are sub	
Please return all corresp	pondence concerning this matter	to the following:
	LISA C KING	
		Name of Person
	HAAGENSON & HAAGI	ENSON, P.A.
		Firm/Company
	300 SE 19TH STREET	
		Address
	FORT LAUDERDALE, F	L 33316
		City/State and Zip Code
	lk@haagensonlaw.com	to be used for future annual report notification)
For further information	concerning this matter, please c	
Lisa C King		954 463-1331 at ()
Name	of Person	Area Code Daytime 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 & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	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

ny as it now appears on our rec Liability Company)	cords.)
were filed on July 19, 2022	and assigned
ility company here:	
lity Company," the designation "l	LLC" or the abbreviation "L.L.C."
	SECRETALLAHI
	- 1 3 0
	ASSEE S
	m m to
address on our records, <u>en</u>	ter the name of the new registered
Enter Florida street ad	dress
	Florida
City	Zip Code
performance of my duties	I further agree to comply with the , and I am familiar with and 95, F.S. Or, if this document is that the limited liability
	ility company here: lity Company," the designation "landdress on our records, en Enter Florida street ad City ee to act in this capacity. a performance of my duties provided for in Chapter 60

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	Jennifer Ashlin	113 SW 11th Court, Ste C, Ft. Lauderdale, FL	= Add
			□Remove
			□Change
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f an ef Note:	rtive date, if ot ffective date is list If the date insoment's effective	ted, the date must erted in this blo	be specific and ck does not r	d cannot be pr meet the app	olicable statu	filing or more tory filing re	than 90 days a	ptional) ifter filing.) Pu this date will	suant to 605.0207 not be listed as
	ord specifies a de filed.	elayed effective	date, but not	t an effectiv	e time, at 12	:01 a.m. on	the earlier of	(b) The 90	th day after the
				2022					
rd is fi	August 16				·				
rd is fi	d August 16								
rd is fi	i August 16		Signature of a	member or a	uthorized repr	esentative of	a member		

Filing Fee: \$25.00