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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corpo			
3	ster Ponta	LLC	
SUBJECT:	Name of Lim	ited Liability Company	10
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	LAUREN	· Bishop	
	365 P	Name of Person CULTYMI	φ
	P,0, B	Firm/Company	<u> </u>
	Bragar	Im Address	34 206
	365 pool cl	City/State and Zip Code CHING G GM to be used for future annual repo	•
For further information con	eerning this matter, please ca	all:	
SWMWIE	1/1/	1991 <u>2</u>	32-6276
Name of P	Person	Area Code I	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 & Certified Copy (additional copy is enclose	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	rporations	The Centro 2415 N. M	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

365 1	cols LLC
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u> </u>	any were filed on $\frac{7-38-32}{3}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
The new name must be distinguishable and contain the words "Limited L	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	PAlmeto, PL. T.
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	PA I I I I I I I I I I I I I I I I I I I
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	DREH Bishap
New Registered Office Address:	On 67th DRIVE 6
PA/	ME Ho Florida PL - 3422
New Registered Agent's Signature, if changing Registered Age	•

3

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 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
MBR	Voman Biship	6507 67th Drive 1	- IDAdd
	`	6507 67th Anive 1 Pr/meto, Pl 34221	□Remove
PMBR	Auronia W.VI	3278 ld+ 21' M	🗆 Add
	76	lot 61	🗆 Remove
		Bragadon, Rr 349	US Change
			□Add
			□Remove
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cord specifies a delayed effective d s filed.	ate, but not an effec	rtive time, at 12:01	a.m. on the earli	er of: (b) The 90th	day after the
ed 2-6-24	/_		>		
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Si	gnature of a member of	or authorized represer	ntative of a membe		
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Filing Fee: \$25.00