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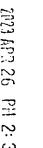
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations				
subject: Bog	Ater Day Pro	opertes, LC itell Liability Company			
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
	ndence concerning this matter	•			
		any Day Rame of Person Firm/Company Ray Ray Ray Ray Ray Ray Ray			
		+ Bunlevarel Address			
	Britta E-mail address: (City/State and Zip Code Out day dds a amai, to be used for future annual report notion) 6 S)	2921 EPR 26	
For further information co	oncerning this matter, please ca	all:		PH 2: 31	ر يـــ .
Br. Have	Person	at (<u>6</u> 5) <u>337</u> Area Code Daytim	- 6993 ne Telephone Number	2: 30 FL	
Enclosed is a check for th	e following amount:				
又∫\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Con The Centre of T	rporations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)			
The Articles of Organization for this Limited Liability Company w Florida document number <u>L77000356520</u> .	ere filed on Augus 16.	<u>7∈2Z</u> and	d assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	ty company here:			
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the	ie abbreviati	on "L.16	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	23 / [5]	
			ગ્ <u>ય</u> 26	* .1
Enter new mailing address, if applicable:				· .
(Mailing address MAY BE A POST OFFICE BOX)		SIZ	2:	\\- <u>\</u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of		registered
Name of New Registered Agent:	_			
New Registered Office Address:	Enter Florida street address			
	, Flori	da	in Code	
	City	,	др с оне	

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 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 Type of Action <u>Address</u> Selfrey P. Day 60 West Block Block Badd

Macclemny, Fl 32003 Bremove Title _____ Change □Change

7073 13R 26 □PH 2:30 □Change ____ 🗆 Add _____ □Remove □Add ______ CRemove □ Change ______ □Remove □Change

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