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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SOUSA & ASSOCIATES INC

Account Number : I20190000111 Phone : (407)800-7028 Fax Number : (407)992-9407

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 719 EASTLAWN LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

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то:		istration Sec ision of Corp			•	٠			
SUBJ	ECT:	٠	۲.	719 E.	ASTLAWN LLC				
			Name of Limited Liability Company						
			The	enclosed Ar	ticles of Amendmer	it and	fee(s) are		
			subn	submitted for filing. Please return all correspondence					
			conc	erning this	matter to the followi	ing:			
					Maria C Sousa				
				Name of Petson					
				S	A Finance & Accountin	g Inc			
					Firm Company	,			
					5728 Major Blvd S	te 309			
					Address				
					Orlando Florida 3.	2819			
					City/State and Zip C	lode			
				E mail addra	contactus@sousaac	e.com	mart nettlestend		
For fu	ather in	iformation ce	ncerning thi	is matter, pleas		umat te	ion (manication)		
			c: 2						
		Maria Name of	C Sousa Person		at (<u>407</u> Area Code	.)	8007028 Daytime Telephone Number		
			75.11				,		

Enclosed is a check for the following amount:

Mailing Address:

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STLAWN LLC		
Company as it now ap imited Liability Compar	oears on our records.)	
mpany were filed	01/03/2023	and assigned
d liability company	<u>chere</u> :	
d Liability Company." t	he designation "LLC" or the	abbreviation "L.L.C."
<u>(SS)</u>	- 	
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office address on ou	r records, enter the na	me of themewaregistere
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15.11.7		
City	, Florida _	Zip Code
	Company as it now appendicted Liability Compary mpany were filed d Liability Company d Liability Company." d	Company as it now appears on our records.) Innied Liability Company) Impany were filed 01/03/2023 In d Liability Company here: Id Liability Company." the designation "LLC" or the (SSS) Enter Florida street address Enter Florida street address Florida

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.

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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>	<u>Address</u>	Type of Action
MGR_	Kleysson Braga	11 APEX DRIVE SUITE 300A	{XAdd
		MARLBOROUGH, MA 01752	□Remove
			🗆 Change
			□Add
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	ig any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<u></u> -	
(If an effecti	date, if other than the date of filing:
he record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier off (b). The 90th day after the
Dated	September 13 2023 Many Market September of amborized representative of a member
	man 36 Brigge
	Signature of a member or authorized representative of a member