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## **COVER LETTER**

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TO: Registration Section

Division of Corporations

Township	Real Estate, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alexa Arrasate		
		Name of Person	
		Firm Company	
	1391 SW 56th Ave		
		Address	
	Plantation, FL 33317		
		City/State and Zip Code	-
	Alexa.arrasate@gmail.co	m to be used for fiture annual report not	itiantan)
			11(41011)
For further information of	concerning this matter, please c	all:	
Alexa Arrasate		954 200-9152 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25,00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our r	ecords.)		
(A Florida Chinee)	mainty Company)			
The Articles of Organization for this Limited Liability Company were filed on 1/26/23				
Florida document number L23000048551				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	bility company here:			
Alexa Arrasate, LLC				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abbrev	riation "L.L.C."	
Enter new principal offices address, if applicable:		<i>⇔</i>	20	
• •	_ <del></del>	30 20	2023 5	
(Principal office address MUST BE A STREET ADDRESS)	<del></del>	177	<del>B</del> <u>1</u>	
		20 Marie 1	1	
		NAS Y	777	
Enter new mailing address, if applicable:		<u> </u>	_≭ ,व	
(Mailing address MAY BE A POST OFFICE BOX)		T.S.	5.	
Midding uddress WAT BE A LOST OF LICE BOAY	·		5	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, g	enter the name o	f the new reg	
New Registered Office Address:	Enter Florida street c	address		
		Florida	<u> </u>	
	City		Time Carl	

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 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

Title Name Address	Type of Action	
		□ Add
		□Remove
		□Change
	 	□Add
		□Remove
		□Change
		□Remove
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Effective date	if other than the da	ite of filing: _			(optio	nal)	
If an effective data Note: If the da	is listed, the date must be e inserted in this block	e specific and cann c does not meet t	iot be prior to di the applicable	ate of filing or more statutory filing	e than 90 days after t requirements, this	iling.) Pursumt to 605.0 date will not be listed	0207 d as
document's eff	ctive date on the Depa	rtment of State'	s records.				
e record specifi	s a delayed effective d	ate, but not an e	ffective time,	at 12:01 a.m. or	the earlier of: (b)	The 90th day after	the
nd is filled.							
February	2	201	23				
Dated	<del></del>	,					
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Filing Fee: \$25.00