L 2300050697

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COVER LETTER

TO: Registration Se Division of Cor			
, subject: <u>205</u>	A KELEHER St	OP LLC	·
	Name of Gilline	a Subimy Company	
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all correspo	indence concerning this matter to	the following:	
	Rosa Ma	Name of Person	2
	Rosa Ke	ELEHON Shop L	le
	3102 Red Wa	xod National	Orive apt 3808
	Orlando F	2 32837 City/State and Zip Code	
	Morallolohen E-mail address: (10	5hop a amail be used for future armeal report notif	. ecm
For further information c	oncerning this matter, please call	:	
Raa Hari Name o	a Keleher r Person	at (<u>774</u>) <u>39 J-</u> Area Code Daytime	4448 • Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Sec	ction
Division of C P.O. Box 632	Corporations	Division of Cor The Centre of T	
	- -		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

1/ 1/

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23 0000 50697</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabili	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3102 Reduced international Shive upt 3808 Dulando FL 3283 7 3/02 Reduced international Onive upt 3808 Stando FL 3283 7
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
Name Danieland Amerika Cinnatura, if abouting Dugistaned Agents	

New Registered Agent's Signature, it 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 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
			□ Remove
			□Change
			□ Add
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<u></u>	
Note: If t	date, if other than the date of filing:
e record sp rd is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	04-J2 Joseph Leleler Signature of a member or authorized representative of a member
	Rosa Maria Kolehera Typed of printed name of signee