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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: May	Rank Name of Line	Propertimed Liability Company	ies	
The enclosed Articles of Amendmen	nt and fee(s) are sub	mitted for filing.		
Please return all correspondence con	cerning this matter	to the following:		
	Sa	Name of Person	ell	<u> </u>
	Marie	Rae Pro	perties	
	735 Via	Roma Address		
	Morritt Spow E-mail address: (1)	City/State and Zip Code 1010224 (a) to be used for future annual	EL, 329 Demagreport Jotification	152 1.cam
For further information concerning the	nis matter, please ca	ıll:		
Savah Pow Name of Person	e()	at ()	Daytime Telepho	578) one Number
Enclosed is a check for the following	amount:			
	O Filing Fee & ificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Ad	dress:	

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 230002303</u> 4U		23 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company." the designation "LLC" 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)	1735 Via Rom Merritt Isla 32952	na, end, Fi,
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the na</u>	me of the new registere
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	2023 HAY 3 SECRETAL SALLAHAS
New Registered Agent's Signature, if changing Registered Agent:	, Florida	SEE SIIP CHI
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my auties, and i ar provided for in Chapter 605, F.S. C	n jamiliar with and Or, if this document is

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>	Name	Address	Type of Action
) wher	Sarah Powell	1735 Via Roma Merritt Island, Fl, 3	[]Xdd 2957
Authorize Person)			□Remove
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ective date,	e inserted in this	block does not	meet the applicabl	date of filing or mo le statutory filing	ffe than 90 days afte grequirements, th	er filing.) Purs is date will:	suant to 60 not be lis)5.02 sted
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