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COVER LETTER

Division of Co				• •
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SUBJECT:		5.11 (ab) (b. 7)	<u> </u>	
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Daniel Doorakian, Esq.			
		Name of Person		-
	Katz & Doorakian Law Fi	rm. P.L.		
	 .	Firm/Company		-
	625 N. Flagler Drive, Suit	e 605		
		Address		-
	West Palm Beach, FL 334	01		
		City/State and Zip Code		-
	kwieland@katzlawpl.com	to be used for future annual report notif	Gention)	
For further information c	concerning this matter, please c		(Carlon)	
Daniel Doorakian		561 721-6770		
Name o	of Person	Area Code Daytime	Telephone Number	<u> </u>
Carlos I's cat lace at	1.611			
Enclosed is a check for the	· ·			
■ \$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	·c·	Street Address:		
Registration S	Section	Registration Sec	tion	
Division of C		Division of Corr		

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

4679 Manderly Dr. LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on May 13, 2024 ___ and assigned Florida document number _L24000222583 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address __. Florida ___ Cnv

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 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
AP	Daniel Doorakian	625 N. Flagler Drive, Suite 605	□Add
		West Palm Beach, FL 33401	
			□Change
AP	Raquel Crowe	4680 Manderly Dr.	≣Add
		Wellington, FL 33449	□Remove
			Change
			□Add
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			Change
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ated June 3 2024	
Signature of amember or authorized representative of a member	2021 J
Daniel Doorakian	· · ·
Typed or printed name of signee	- JUN - 5

Filing Fee: \$25.00