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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	<u>.</u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person Name of Person Firm/Company
105 David Street
Address H 32547
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION

V	F \
) line to ali	050
(Name of the Limited Liability Compa (A Florida Limited Li	ny as it now appears on our records.)
(A Florida Limited I	
The Articles of Organization for this Limited Liability Company	were filed on Dec 14, 2015 and assigned
Florida document number <u>L15000204.93</u>	3
This amendment is submitted to amend the following:	
_	
A. If amending name, enter the new name of the limited liab	ility company here:
Pieces of Eder	~ L.L.C.
The new name must be distinguishable and contain the words "Limited Liabi	IGG T
Enter new principal offices address, if applicable:	100 David Street
(Principal office address MUST BE A STREET ADDRESS)	H. Walton But 1
	2034 1
Enter new mailing address, if applicable:	- SAM
(Mailing address MAY BE A POST OFFICE BOX)	
•	:
	er address on any manual outer the name of the name
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Desistered Office Address	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>
I hereby accept the appointment as registered agent and agr	ree to act in this capacity. I further agree to comply with the
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of my duties, and I am familiar with and provided for in Chapter 605 F.S. Or. if this document is
being filed to merely reflect a change in the registered office	e address, I hereby confirm that the limited liability
company has been notified in writing of this change.	77 P 2 P 2 P 2 P 2 P 2 P 2 P 2 P 2 P 2 P
	TO T
x = 01	unging Degistered 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
<u></u>			Add
		·	☐ Remove
			☐ Change
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an ei Note:	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.
atec	The state of the s
	Signature of a member or authorized representative of a member of the control of
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00