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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name	e)
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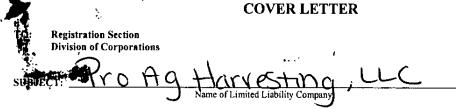
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The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bobet B Pedaly Jr. Name of Person
- aw office of Peddy .P.A.
4202 South Florida Avenue
Lukeland fr. 33813 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
concerning this matter, please call:

For further information of

Enclosed is a check for the 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 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

ompany as it now appears on our records.)
ited Liability Company) Florida document number L 160000 9981 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 "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) 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

## 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

∴, Florida

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 = Ma AMBR = Au	nager thorized Member					
<u>Title</u>	Name	Address	Type of Action			
MGR	HECTOR AYAUS	P.O. Bux 2720	<b>ĕ</b> Add			
		LAKELAND, FL 33 806	🗆 Remove			
			Change			
AMOR	ALEX KLINE	1.0. Box 2720	<b>Z</b> Add			
		CAKAMO, FL 33 Ect	<u>^</u> □ Remove			
			Change			
AMBR	MARKSNEIDLS	P.O. Bux 2720	_ <b>Z</b> Add			
1	Mark S. Nichols	LAKELIND, FL 33806	_ □ Remove			
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Effective date, if other that if an effective date is listed, the d Note: If the date inserted in document's effective date or	date must be specific and canno this block does not meet the	et be prior to date of filing or a ne applicable statutory fili	nore than 90 days after fing requirements, this	iling.) Pursuant to 605,0207	7 (3)(b) (3) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
ne record specifies a de The 90th day after th	elayed effective date, ne record is filed.	but not an effective	time, at 12:01 a	.m. on the earlier of	
Dated Mazcu	8, /2	16			
	Signature of a mound	er of authorized representativ	e of a member		

Page 3 of 3

Filing Fee: \$25.00