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CUD IE.C	1114 Florid	a, L.L.C.		
SUBJEC	Γ:	Name of Lim	ited Liability Company	
The enclos	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please rett	irn all correspo	ndence concerning this matter	to the following:	
		Michael J. Guju, Esq		
			Name of Person	
		Guju Law Firm		
			Firm/Company	
		315654 US 19 North		
			Address	
		Palm Harbor, Florida 3468	4	
			City/State and Zip Code	
		frontdesk2@tampabaypropo	=	
For furthe	r information co	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	ineation)
Michael J	.Guju		727 526-3529 x at ()	101
	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed i	s a check for th	e following amount:		
■ \$25.0¢	0 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)
	Iailing Address		Street Address:	vation
	legistration S Division of C		Registration Se Division of Co	
	O. Box 632		The Centre of	•
7	allahassee F	T 32314	2415 N. Monro	se Street, Suite \$10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT

TO

ARTICLES OF ORGANIZATION

OF

1114 Florida, 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 Feb 13, 2017 and assigned Florida document number L17000035060 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." 1114 Florida Ave, Palm Harbor, Florida 34683 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1114 Florida Ave, Palm Harbor, Florida 34683 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 ___

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

2.00

MGR = M $AMBR = A$	anager uthorized Member	61. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1	
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Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee

Michael J. Guju, AMBR