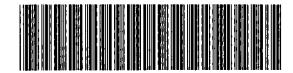
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RECINETARY OF STATE
AND LANASSEE, FLORIDA

D. SCOTT MAY 2 3 2017

COVER LETTER

Division of Corporations
SUBJECT: TONYA SCIANDIO LLC 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:
Tonya Sciandra Name of Person:
Tonya Squadra LLC Firm/Company
2750 Tanya Ter
Tax 4- 3223 City/State and Zip Code
City/State and Zip Code Onugs Clamba O (Maha) COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TONYA Sciandra at 94 483-8982 Name of Person at 94 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee U \$30.00 Filing Fee & U \$55.00 Filing Fee & U \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

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

OF

Balandra	r LLC
(Name of the Limited Liab	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the line The new name must be distinguishable and contain the words "Line new name of the line new name of the l	imited liability company here: imited 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 ADI	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PROPERTY OF LORDING
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, <u>enter the name of the new</u> ldress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature if changing Register	red 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 **Type of Action** <u>Address</u> Title Title <u>Name</u> _ Add _□ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove Remoye 記念 G D'Change □ Add ☐ Remove

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Page 3 of 3

Filing Fee: \$25.00