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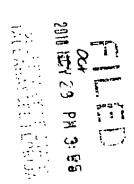
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COVER LETTER

TO:	Registration Sect Division of Corp				
SUBJI	ECT:	DROAM RENAME OF LIMI	EXOUATIONS LL ited Liability Company	<u>C</u>	
The en	nclosed Articles of A	mendment and fec(s) are subt	mitted for filing.		
Please	return all correspond	dence concerning this matter t	to the following:		
		ADAN	1 Lee Hemphil Name of Person	<u>//</u>	
		DRe	San Renoverian Firm/Company	s UC	
		4144	Charles avecla		
		PACE FL	City/State and Zip Code		
		AHDREAM E-mail address: (t	Renovation Sa Cyrob o be used for future annual reporting if	cation)	
For fur	rther information cor	According this matter, please ca	at (GSO) 288	Telephone Number	7]
Enclos	sed is a check for the	following amount:		ca [····
□ \$2	5.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, constituent of Status & 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 OF

(Name of the Limited Liability Compa	ny as it now appears on our records.)
(A Florida Limited L	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>17000149640</u> .	were filed on Jy 12th 2007 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
- NA-	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8238 LAWton St Apt C
(Principal office address MUST BE A STREET ADDRESS)	Pensaccia FL 32514
Enter new mailing address, if applicable:	8238 CAWtonst Apt C
(Mailing address MAY BE A POST OFFICE BOX)	tensacola FL 32814
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Tice address on our records, enter the name of the new
	20
Name of New Registered Agent:	T/A- WATI
New Registered Office Address: \$2.	38 GARDIEN ST Apt CO
	Enter Florida street address
	Sp. Code Zip Code
New Registered Agent's Signature, if changing Registered Agent:	್ ಈ ೮1

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>Name</u> <u>Address</u> <u>Title</u> 10% Quraz IERRY HEMPHILL
AMBR 3751 COVAS BO CODEN, AL DVADO □ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove

□ Change

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