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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	AA	ORLAMOO	FRAMING		RYWAL UC
		Name of Limi	ited Liability Company		
The anglosed Arti	clas of Amenda	ient and fee(s) are sub	mitted for tiling		
Please return all e	orrespondence c	concerning this matter	to the following:		
		Tosc	L. hoppie	350	
		7080	Name of Person	lavez	
			Firm/Company	·	
	45	107 CASTI		2R	
	_0	120000 7	Address 32839		<u>.</u>
			City/State and Zip Code		
	-	E-m iil address: ()	o be used for future annual rep	port notification)	
For further inform	iation concernin	g this matter, please co			
		S		_	
<u> 1080 / </u>	HOOR	. હતા ફ	at (<u>407</u>)	259 – 6 Daytime Telepho	123
	Name of Person		Area Code	Daytime Telepho	one Number
Enclosed is a chec	k for the follow	ing amount:			
□ \$25.00 Filing	Fee	0.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing</u> Registra	Address: ation Section		<u>Street Add</u> Registrati	ress: ion Section	
Divisio	n of Corporat	ions	Division	of Corporatio	
P.O. Bo	ox 6327 ssee, FL 323	1.4		re of Tallahas Monroe Street	
тапапа	55CC, EL 243	1 -4	∠+1J IN. I	MOUNTE SUCCI	, oane orv

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AA O	244090	TRAM	inc	(C)	BR40	14u		ر ک	
	(<u>Name</u>	of the Limited L (A F	ability Compa orida Limited I	ny as it nov iability Co	y appears mpany)	on our records	<u>.</u>)		_	
The Articles of Organ	nization for this	Limited Liabil	ity Company	were filed	f on1	05/03,	201	<u>≉8</u> and	l assign	ied
This amendment is so	abmitted to am	end the followin	ह:							
A. If amending nan	ne, <u>enter the n</u>	ew name of the	limited liabi	lity com	oany her	<u>e</u> :				
A	A O	CLANDO	DRYE	ALL	U	2				
The new name must be d	istinguishable and	contain the words	"Limited Liabil	ity Compan	y." the des	ignation "LLC"	or the ab	previation	n "L.L.C	• • • •
Enter new principal	offices addres	s, if applicable	:							,
(Principal office add	ress MUST BL	A STREET A	DDRESS)					• • • •	020	
								[]	Æ	
									_	
Enter new mailing :	iddress, if app	licable:					· ·	50 T		m
(Mailing address Mz	1 <i>Y BE A POST</i>	OFFICE BOX	Q					77.77 77.5 7	<u>=</u>	
							;	<u> </u>	- -	
•	***	•••		ddress o	n our rec	ords, <u>enter t</u>	he nam	e <u>of the</u>	new r	<u>egistered</u>
Name of No	ew Registered	Agent:								
New Regist	ered Office Ad	(Same of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) or this Limited Liability Company were tiled on								
				r.	ace energ					
		_		City		, Flo	rida	Zip C	ode	
				,						

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

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>	Name	Address	Type of Action
			\ _\
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an effective date, ote: If the dat	is listed, the dat	te must be spe	ecitic and ca	annot be prio	r to date of : cable statu	filing or mor	e than 90 day	s after filin	g.) Pursuar	it to 605.0	0207 d as i
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Filing Fee: \$25.00

Typed or printed name of signee