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COVER LETTER

TO: Registration Sec Division of Corp			•
SUBJECT: ST	TMA 8808	LLC	
SUBJECT: SITMA 8808 LLC Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: ALM Montana Name of Person Finny Company 2944 Nobleton St. Address Telhona, FL 32728 City/State and Zip Code Sitma 8808 a gmail. Com E-mail address: (to be odd for fature annual report notification) For further information concerning this matter, please call: Alike M. Montana Name of Person at (380) 228-730 Daytine Telephone Number Einclosed is a check for the following amount:			
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The enclosed Afficies of a	Amendment and feets) are sum	nitted for firing.	
Please return all correspor	ndence concerning this matter t	o the following:	
	Division of Corporations JECT: SITMA 8808 LLC Name of Limited Liability Company Inclosed Articles of Amendment and feets) are submitted for filing. The return all correspondence concerning this matter to the following: ALE M. Montana Name of Person Firm/Company 2944 Nobleton St. Address Deltona, FL 32728 City/State and Zip Code Sitma 8808 agmail Com E-mail address: (to be oded for future annual report notification) Jurther information concerning this matter, please call: Area Code Daytime Telephone Number Dosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy Feetilicate of Status Certified Copy Certified Copy Feetilicate Copy Certified Copy		
		Name of Person	
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	2944 No	bleton St.	
	Deltona, 7	L 32728 City/State and Zip Code	
	Sitma 8808 E-mail address: (t	agmail. Com o be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	il:	
Aibel M. Name of	Montana	at (<u>386)</u> <u>228-73</u> Area Code Daytime	30 Telephone Number
	e following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status &

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

	8,LLC			
(Name of the Limited Liability Co. (A Florida Limit	mpany as it now appears on out ted Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Compa	any were filed on <u>Mar</u>	23,2018	_ and assi	gned
Florida document number <u>L18000128717</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company here:			
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	on "LLC" or the abbre	eviation "L.L	.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	2		<u> </u>	INS.
				<u> </u>
			25	
Enter new mailing address, if applicable:				<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>	- 당 <u>소</u>
			0	37
B. If amending the registered agent and/or registered registered agent and/or the new registered office address i		records, <u>enter th</u>	i <u>e name o</u>	f the ne
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida stree	et address		
		, Florida	Fa. 45 .	
	City		Zip Code	

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>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	Gracia Jackelin	2944 Nobieton St.	Add
	Montana.	2944 Nobieton St. Deltono, 7L 32738	☐ Remove
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ffective date, if oth	er than the date c	of filing:		(opt	ional)	
fan effective date is liste Note: If the date inser	ed, the date must be spec	citic and cannot be p	orior to date of filing of plicable statutory t	or more than 90 days after	er filing.) Pursuant to 60:	5.020 <mark>7</mark> ted as
locument's effective of						
e record specifies	s a delaved effec	rtive date, but	not an effectiv	re time. at 12:01	a.m. on the earli	ier o
The 90th day af						
Dated June	2.0	701	<u>ک</u>			
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Dated <u>Juche</u>		\sim				
Dated June	Signatu	ire of a member of	ithorized representa	tive of a member		

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Filing Fee: \$25.00