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TO:

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 Company (A Florida Limited Liab	y as it now appears on our records.) lability Company)	_
The Articles of Organization for this Limited Liability Company we Florida document number	were filed on <u>10-09-2018</u> and L18000238839	
A. If amending name, enter the new name of the limited liabilit	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	700	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		- American Indiana
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:		ıme of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
·	Florida	Code
New Registered Agent's Signature, if changing Registered Agent:	ing Σην.	21700

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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Daniel Porrazzo	356 S. Silver Palm R.	t (Add
		Bora haton, F1 33432	□ Remove
			Change
			Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			□ Changa

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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(II an e Note:	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	1
	Signature of a member of authorized representative of a member
	Daniel Polkazzo Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00