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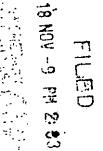


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COVER LETTER

Division of Corp			
SUBJECT: TO	Spells and Name of Lim	Tyler Spells Lited Liability Company	LC_
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
	Troy	Soe 15 Name of Person	
	Tray Spells o	Tyler Sells 2	<u> 12C</u>
	1204 Count	ny Gardens Lane	
	FE. Pierce	FL 34982	
	SSS IAmail address: (City/State and Zip Code City/State and Zip Code Covolidate to be used for future annual report notific	Lation)
For further information co	ncerning this matter, please co	all:	
Name of	Person	at 770 508 - C	25)4 Telephone Number
Enclosed is a check for the	: following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, 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

Trousselb and	Tyler Spels 4	<u> </u>
Name of the Limited	Liability Company as it how appears on our i Florida Limited Liability Company)	r <u>ecords.</u>)
The Articles of Organization for this Limited Liab	ility Company were filed on <u>10 3 </u> 2 <i>5165</i> 48	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX)	FILE
B. If amending the registered agent and/or registered agent and/or the new registered office		cords, enter the name of the new
registered agent and/or the new registered once	e address intre	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		Florida
	City	Zip Coxle
No. Destaced Access 61 and a 16 about 19 by	diseased America	

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 = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
Mar.	Tyler Spells	1204 Burty Gardens Lane	🗹 Add
J		Ft. Pierce, FL	C Remove
		34982	Change
			Add
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change

iffed	tive date, if other than the date of filing: 11 10 18 (optional)
lf an c	flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 603.0207 (3)
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
e re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
	1
Date	Signature of a member or authorized representative of a member
	4
	Jours Sall
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00