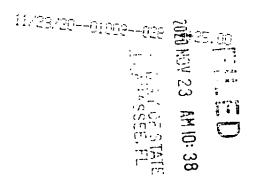
## L19000233727

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## **COVER LETTER**

TO:

TO: Registration Sec Division of Corp			
Auca	Living in the Su	in't come a blook	. FROCILE
SUBJECT:f1/4/&//	Name of Limi	irit Pressure W. 1814 in ited Liability Company	gries Le
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	Rona	id C, Dixon	
		Name of Person	
	Amen Civing in to	he Spirit Pressure a	JASHING PROS LIC
	730 14th St.	N.W. (Lot#35	·)
		Address	
	Largo, F	Z. 33770	
	dixonfon.	Z. 33770  City/State and Zip Code  Olson T C 9ma.  to be used for future annual report noti	il, com
For further information co	oncerning this matter, please co	all:	
7	) , , , , ,		71,61
1)on 0	(1,01)	at (727) 657 Area Code Daytim	Telephone Number
Name of	Person	Vica Code Trikitii	e Telephone Number
Enclosed is a check for th	e 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 S		Street Address: Registration Sec	ction
Division of Co	orporations	Division of Cor	porations
P.O. Box 632		The Centre of T	`allahassee e Street, Suite 810
Tallahassee, f	L 34314	Tallahassee, FL	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

,		Was I	, 1 m
The Articles of Organization for this Limited Liability Compar	ny were tiled on _	11/20/2	and assigned
lorida document number <u>L/9000233727</u>			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited lis	ability company	<u>here</u> :	
Living in the Spirit Handyma. he new name must be distinguishable and contain the words "Limited Lia	n/PRESSU	re Was HA	ing Suc. LC
he new name must be distinguishable and contain the words "Limited Lia			
Enter new principal offices address, if applicable:	(1/3 to	he same	
Principal office address MUST BE A STREET ADDRESS)			
	<del></del>		
			Sign 23 11 1
Enter new mailing address, if applicable:		\-	<u>SSS</u> _ <b>≥</b>
Mailing address MAY BE A POST OFFICE BOX)		V	
		<i>v</i>	
			- <del> </del>
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our	records, <u>enter</u>	the name of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street addres	rs
		E1.	orida
		. TR	ui iua

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 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
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		···	□Remove
		/	☐ Change
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Filing Fee: \$25.00