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SECRETARY OF STATE

MAD A

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corpo	rations			
subject: <u>S</u> 0	SSylve Di Name of Limi	OUT QUE LLC ted Liability Company	<u>, </u>	
The enclosed Articles of An	nendment and fee(s) are sub	nitted for filing.		
Please return all corresponde	ence concerning this matter t	to the following:		
	Philtr	ena Bryant	····	
	Bouti	GUC Firm/Company	2	
	1475 W	pooclake Dr	#K173 TARE	
_	Lakeland	FL 33803 City/State and Zip Code	PH 2: 07 ASSEE, FL	てし
-	E-mail address: (t	o be lised for future annual report notif		
For further information conc	erning this matter, please ca	ılı:		
Phi Hrer Name of Pe	a Bryen	at (56) GQO Area Code Daytime	Telephone Number	
Enclosed is a check for the f	ollowing amount:		``	
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Address:</u> Registration Sec	rtion	Street Address: Registration Sec	etion	
Division of Corp		Division of Corp	porations	
P.O. Box 6327		The Centre of T.	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

0	F Carlinue	110
Sassylre	DOUTIANC	KONAPO
(Name of the Limited Liability Compa	ny as it now appears on our re	cords.)
(A Florida Limited I	aability Company)	
The Articles of Organization for this Limited Liability Company	were filed on $Qo/2$	7/2621 and assigned
Florida document number <u>L20000319722</u>	,	,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
Fire Runners 1091St The new name must be distinguishable and contain the words "Limited Liabil	1CS L.L.C ity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1750 NE	147世紀5
(Principal office address MUST BE A STREET ADDRESS)	MIAMI F	1 33年8年 7
		AA 1
		PA SSE
Enter new mailing address, if applicable:	,	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
B. If amending the registered agent and/or registered office a	ddress on our records, <u>en</u>	ter the name of the new registered
agent and/or the new registered office address here:		
NE CNE DE LA LA LIE		
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street aa	ldress
		Planida
	Сиу	, Florida <u>Zip Code</u>
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre		
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p		
being filed to merely reflect a change in the registered office		

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	
AMDD -	Anthorizad	A.

AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			OAdd い 宮
			SECRETTAL A
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effective date is list	ther than the date ted, the date must be sp erted in this block d	secific and	cannot be pri	or to date of fi	ling or more than	90 days after	nonary er filing.) F	ursuant	to 605.020
	date on the Departs				ory ming requi	rements, tr	ns date w	m not t	ic fisted t
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filed.	elayed effective date	t, but not a	in effective	time, at 120	UI a.m. on the o	rariier ot: (b) The	90th day	y atter th
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Filing Fee: \$25.00