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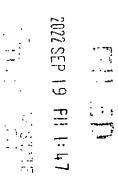
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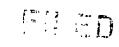
TO: Registration Sec Division of Corp			
SUBJECT: EXČL	Name of Lim	1400 M AND Sont	Patron Services LLI
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Ebony Pi	Name of Person	
	Exotrage Hows C	Isony and Sontation S	fervices LLC
	2929 NW	IRTH ALC	
	Mami Flo	City/State and Zip Code	
	Lovely 322 Cor Email address:	to be used for future annual report notif	n fication)
For further information co	oncerning this matter, please ca	all:	
Floory Pick-	Person	at (T8b) <u>502-50</u> Area Code Daytime	176 e Telephone Number
Enclosed is a check for th	c 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)
Moiling Address	çı	Strant Addross	

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



The Articles of Organization for this Limited Liability Company were filed on _ Florida document number 121003221089 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: INCIT CITOLING LLC ame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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
·			□Add
			□Remove
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(If an effect Note: If	e date, if other than the date of filing:
ne record sord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
	0/12/
Dated	Change (), all and
Dated	Signature of a member or aduborized representative of a member