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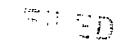
TO: Registration Se Division of Cor			
SUBJECT: SU	Khha (AST) Name of Limi	ROPELLY SCA	Níces
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Christoph	Name of Person	,
		Firm/Company	
	116 Hachma	Address	
	Schastan	City/State and Zip Code	
	E-mail address 10	workysice annual report	caucinotification)
For further information e	oncerning this matter, please ca	ıll:	
Name o	nt Person	at (<u>773-</u>) 452 Area Code Day	3-5833 time Telephone Number
Enclosed is a check for t	he 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 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



(Name of the Limited Liability Company as it now appears on our records.); (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _________ Florida document number LH DCCH53994 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name 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.

Cin

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>	<u>Address</u>	Type of Action
AWBR	Banald ENCELOS &	Vero Beach, FL 32960	\ZAdd
		Vero Beach, FL 32960	Remove
			□ Change
AMBIZ	Chekra C Arz+	116 Airchwan Ave Sebastian, FL 3295E	Xvqq
		Sebastian, FL 32958	□Remove
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