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(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL MAIL
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COVER LETTER

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

(A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on Joly 3th 1999 and assigned.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit The new name must be distinguishable and contain the words "Limit	ted liability company here: LLC ted 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 ADDR	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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
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an effective da lote: If the d	e, if other than the te is listed, the date mus ate inserted in this bl fective date on the D	t be specific an ock does not i	d cannot be prior meet the applic	able statutory f	or more than 90 iling requirem	(optional) days after filing ents, this date	;.) Pursuant to 6	605, 02 07 isted as
record specif Lis filed.	īes a delayed effectiv	e date, but no	t an effective t	ime, at 12:01 a.	m. on the earl	ier of: (b) T	he 90th day a	fter the
ated	éaly 82h		. 1621	<u>2</u> .				
) Van	Λ Α .Ι	M 1.1.					
		Signature of a	member or auth	orized representa	tive of a member	r		
		(V					