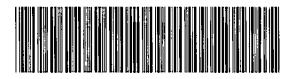
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| PICK-UP | ☐ WAIT | MAIL |
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COVER LETTER

| TO: Registration Of Division of | n Section Corporations | |
|---------------------------------|---|---------------|
| SUBJECT: <u>110</u> | 8 LL C | |
| | Name of Limited Liability Company | |
| The enclosed Article | s of Amendment and fee(s) are submitted for filing. | |
| Please return all con | espondence concerning this matter to the following: | |
| | Dana Nicci - Hill Name of Person | |
| | Firm/Company | |
| | Firm/Company ICE Jane Place Address Melbaurne FL 32940 City/State and Zip Code Oneway to reach me a yahoo. Co E-mail address: (to be used for future annual report notification) on concerning this matter, please call: Micol-Hill at (321) 506-7157 me of Person Area Code Daytime Telephone Number- | |
| | Melbourne FL 32940 City/State and Zip Code | |
| | E-mai/address: (to be used for future annual report notification) | om == |
| | on concerning this matter, please call: | 型門 |
| <u>Dana</u> Na | | FILED |
| Enclosed is a check | for the following amount: | بب ن س |
| ☑ \$25.00 Filing Fe | e \$\Bigcup \\$30.00 \text{ Filing Fee & }\Bigcup \\$55.00 \text{ Filing Fee & }\Bigcup \\$60.00 \text{ Filing I }\Bigcup \Bigcup | Status & y |

MAILING ADDRESS:

TO:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited | Liability Company as it now appears on our records.) Florida Limited Liability Company) |
|---|---|
| The Articles of Organization for this Limited Liab | ility Company were filed on <u>04/21/2017</u> and assigned |
| This amendment is submitted to amend the follow | |
| A. If amending name, enter the new name of the | ne limited liability company here: |
| BARGONZA, LLC | Is "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." |
| The new name must be distinguishable and contain the word | Is "Limited Liability Company," the designation "LJ.C" or the abbreviation "LJL.C." |
| Enter new principal offices address, if applicab | le: |
| (Principal office address MUST BE A STREET) | ADDRESS) |
| | |
| | |
| Enter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BO | <u> </u> |
| | |
| | |
| | registered office address on our records, enter the name of the nev |
| registered agent and/or the new registered offic | ₩ - F |
| | SEE 2 IM |
| Name of New Registered Agent: | |
| New Registered Office Address: | 0 - Q |
| | Enter Florida street address |
| | , Florida |
| | City Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

1108 LLC

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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|-----------------|----------------|
| AMBR | Barbara Logan | 1108 June Place | 🖸 Add |
| | | Melbourne, FL | Remove |
| | | 32940 | Change |
| AMBR | Cart Hill | 1108 Juno Place | IS Add |
| | | Melbarne, FL | Remove |
| | | 32940 | Change |
| | | | |
| | | | Remove |
| | | | Change |
| | | | |
| | | TALLAHASS | HRemove 1 |
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| | ive date, if other than the date of filing: (ontional) |
|----------------|--|
| ffect an ef | tive date, if other than the date of filing: |
| ote: | If the date inserted in this block does not meet the applicable statutory filing requirements, this Jaie will not be listed |
| ocun | on a streetive date on the Department of State & records. |
| | the state of the s |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90 th day after the record is filed. |
| | 90th day after the record is filed. |
| ated | September 17, 2017 |
| | September 17. 2017. |
| | Dany Mich Hell |
| | Signature of a member or authorized representative of a member |

Page 3 of 3

Filing Fee: \$25.00