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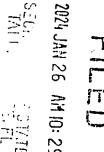
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJE	:СТ:	11251 Dea Name of Lim	ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	idence concerning this matter	to the following:	
			Name of Person	
			NA LAW PUL Firm/Company	
		3765	Arrport Load, # 20	<i>91</i>
		N	oles, Flu 74105 City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	t. Net
For fur	ther information co	ncerning this matter, please ca	all:	
	Name of	TS CONA Person	at (239) 234 Area Code Daytime	- 6822 Telephone Number
Enclose	ed is a check for the	e following amount:		
17/52	5.00 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)
<i>X</i>	Mailing Address Registration S Division of Co P.O. Box 6327 Fallahassee, F	ection orporations	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

0	F FII ~
(Name of the Limited Liability Companion (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company  Florida document number	diability Company) SEC - 1110: 29
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
NA	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	NA
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	
<ol> <li>If amending the registered agent and/or registered office a agent and/or the new registered office address here:</li> </ol>	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	NA
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.

City

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Ambo	Twillingate Holdings In	u. 1785 Kennedy Road	🗆 Add
	U	Brampton, untario, CA	
			B9 □Change
Ambr	TLNT Inc	1320 RAIL Head Blud	🗆 Add
		#6	Remove
		Naples, Pla 34110	
MGR	Thomas LAWGENCE	1320 RAil head Alud	Add
		#6	□Remove
		Naples, Fla 34110	□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	<u> </u>
_	Signature of a member or authorized representative of a member
_	Chris Conn-Eig- FBN-0141178
	Typed or printed name of signee

Filing Fee: \$25.00