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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: _ The]	Dye Preseri	ie, L.L.C.	
	Name of Limited Liab	din Comenny	_02000003494
The enclosed Articles of Amendment	ent and fee(s) are submitted f	or filing.	
Please return all correspondence co	oncerning this matter to the fo	oflowing:	
	Rober	t Fox	
		reserve, L.C.	· · · · · · · · · · · · · · · · · · ·
\		Colony Way	
=	Sup:ter, F	L 33478 Stafe and Zip Code	<u></u>
	Toberta + E-mail address: (to be use	he dye preserved for future annual report notification)	e, com
For further information concerning	this matter, please call:		
Kobert I	Óχ	at (561) 575-5	886
Name of Person		Area Code Daytime Teleph	ione Number
Enclosed is a check for the followi.	ng amount:		
	ertificate 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 ADE Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL 3	ion orations	STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on Florida document number LO200003494 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Some name as 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 , 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.

City

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records: MGR = Manager AMBR = Authorized Member Title Name Address Type of Action CFO Robert Fox

Please remove. This was an error submitted by an accounting employee. 1808 SE Colony Way DAdd Remove ☐ Change □ Add _□ Change **≘**□ Kemove [2] _□_Change _□ Remove □ Change □ Add □ Remove ☐ Change ☐ Add ☐ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added

☐ Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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- Effecti	re date, if other than the date of filing: 10/18/2018 (optional)
(If an effe Note:	ctive 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 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
the rec) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	10/18/2018
	Signature of a nepiber or authorized representative of a member
	Joseph Webster

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Filing Fee: \$25.00