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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division o	đ Corpo	rations					
SUBJECT:S		SOF	FLO	rida, UC			
				ited Liability Company			
The enclosed Articl	les of An	rendment and fee	(s) are sub	mitted for filing			
				-			
Please return all con	rrespond	ence concerning t	his matter	to the following:			
			Johr	r J Obando			
				Name of Person			
			5 8 5	OFFLLLC			
				Firm/Company			
		95					
				ni, FL 33144		18 MIG Z4	,
			٠, ,	City/State and Zip Code 1 Cychoo. Com		# 6	
						388	 1
		E-mai	l address: (1	to be used for future annual report notif	ication)	E P	į
For further informa	tion conc	erning this matte	r, please ca	ıll:		AH 8: 92 OF STAIR E. FLORID	ξ,
		bound O		at (736) 290 -	0541	AM 8: 92 Y OF STATE SEE, FLORIDA	
N	ame of Po	erson		Area Code Daytime	Telephone Number		
Enclosed is a check	for the f	ollowing amount:					
☑ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ Certificate of Status				□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	
R	egistratio	G ADDRESS: on Section		STREET/COURII Registration Section	1		
	ivision c .O. Box	f Corporations 3327		Division of Corpora Clifton Building	ations		

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	y ay it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LO2,000/02</u> 5,	were filed on <u>4-29</u> 1	<u>-∕∂∂</u> and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ty Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		2. 6
		24 25 24 ANS
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agrouped provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and rovided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

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
MERM_	Moria P. Rios		
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f an effect <u>Note:</u> If	e date, if other the tive date is listed, the of the date inserted in it's effective date of	date must be specific a this block does n	and cannot be of meet the	applicable				ig.) Purs		
ne recoi The 9	ord specifies a do Oth day after ti	elayed effectiv ne record is file	e date, bi ed.	ut not ar	effective	time, at 12	2:01 a.m	ı. on tl	ne ear	lier of:
Dated	August	27		018						
		. 1	, [] 1							
		Signature	if a member of	or authorized	l representati	ve of a member				

Page 3 of 3

Filing Fee: \$25.00