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COVER LETTER TO: Registration Section Division of Corporations SUBJECT: (Name of Limited Liability Company) The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: (City/State and Zip Code) For further information concerning this matter, please call: Enclosed is a check for the following amount:

\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

\$30.00 Filing Fee &

Certificate of Status

.00 Filing Fee

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

STREET/COURIER ADDRESS:

\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

\mathcal{O}_{ℓ}			
Sara so	ta SOO		
(Name of the Limited I	Liability Company as it is Florida Limited Liability	ow appears on our rec	ords.)
(A)	riorida Limited Liability	Lompany)	,
The Articles of Organization for this Limited Lia	bility Company were fil	ed on 8 26	and assigned
Florida document number L020003	<u>5205</u> 4		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of t	the limited liability cor	nnany here:	
B,		Aprily Here.	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liab	lity Company," the design	gnation "LLC or the abbreviation" CLC or the abbreviation CLC or the abbreviat
B. If amending the registered agent and/or	registered office add	lress on our records	enter the châme oo the ne
registered agent and/or the new registered offi			SE F
			# 3
			54 %
Name of New Registered Agent:			85 y
N. D. 1. 1000 A.11			, » "
New Registered Office Address:		(Enter Florida	street address)
		(2/110/ 1 10/144)	or our man easy
	· · · ·	, Flo	orida
	(City)		(Zip Code)

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title <u>Name</u> <u>Address</u> **Type of Action** Add Remove Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00