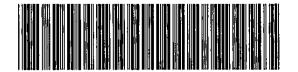
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COVER LETTER

	distration Section (Section)			¥	
SUBJECT:		STATES, LLC			
ODJECT:		Name of Limi	ited Liability Company		
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	dence concerning this matter	to the following:		
		DANIEL S. POLLEY			
			Name of Person	 	
		DANIEL S. POLLEY, P.A			
			Firm/Company		
		7251 W. PALMETTO PARK ROAD, SUITE 202			
			Address		
		BOCA RATON, FLORIDA	A		
			City/State and Zip Code		
		E-mail address: (to be used for future annual report notific	ation)	
For further is	nformation co	ncerning this matter, please ca	ail:		
DANIEL S.	POLLEY		561 347-5955 at ()		
	Name of	Person		Telephone Number	
Enclosed is a	a check for th	e following amount:			
E \$25.00 F	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)	

MAILING ADDRESS: 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

COVER LETTER

TO: Registration Section of Corp.						
TUSCANY S	STATES, LLC					
	Name of Limit	ed Liability Company				
	mendment and fee(s) are submence concerning this matter to	_				
	DANIEL S. POLLEY					
		Name of Person				
DANIEL S. POLLEY, P.A.						
Firm/Company						
	7251 W. PALMETTO PAR	K ROAD, SUITE 202				
		Address				
	BOCA RATON, FLORIDA	1				
		City/State and Zip Code				
	E-mail address: (to	be used for future annual report notific	cation)			
For further information con	ncerning this matter, please cal	11:				
DANIEL S. POLLEY		561 347-5955				
Name of	Person	at () Area Code Daytime	Telephone Number			
Enclosed is a check for the	following amount:					
■ \$25.00 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)			

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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

any as it now appears on our records.) Liability Company)					
y were filed on June 22, 2005	and assigned				
pility company here:					
ility Company," the designation "LLC" or	the abbreviation "L.L.C."				
12465 N.W. 44th Street					
Coral Springs, Florida 33065					
	5				
12465 N.W. 44th Street	OCT 2				
Coral Springs, Florida 33065	Nic a				
office address on our records, <u>e</u> r <u>e</u> :	enter the name of the name				
Enter Florida street address					
City , Floric	Zip Code				
	Coral Springs, Florida 33065 12465 N.W. 44th Street Coral Springs, Florida 33065 office address on our records, ene: 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.

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		
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Page 3 of 3

Filing Fee: \$25.00