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COVER LETTER

TO:	Registration Section ^. Division of Corporations	** *	(A)	sa 🧐 🧳	, \$	3	•
SUBJE	CCT: Ticky	Remodelic Name of Limited	19 Liability Compar	ny			
The end	closed Articles of Amendment	and fee(s) are subm	itted for filing.				
Please	return all correspondence conce	erning this matter to	the following:				
	·	Likey	Name of Person	Ticky			
		Tichy	Remon L	CING HO	1		
			• •				
			Address		······································		
		St. August	in a FL City/State and Zip Co	32 3 4 ode			
		E-mail address: (to b	Dekotnail. De used for future and	ual report notificatio	n)		
For fur	ther information concerning thi						
	Name of Person	<u> </u>	at (<u>404)</u> Area	687-4814 Code & Daytime Tele	ephone Number		
Enclose	ed is a check for the following a	amount:			•		
\$25		Filing Fee & icate of Status	\$55.00 Filing F Certified Cop (additional co		\$60.00 Filing F Certificate of Certified Cop (additional co	Status &	osed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L (A F	iability Company as it lorida Limited Liability	now appea Company)	rs on our records.)	
The Articles of Organization for this Limited Liab Florida document number		iled on <u>/</u>	Ma/241 26	, 201 2 and as	signed
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liability co	mpany hei	<u>·e</u> :		
The new name must be distinguishable and end with the "L.L.C."	ケートと、 the words "Limited Liab	oility Compa	any," the designation	n "LLC" or the	abbreviation
Enter new principal offices address, if applicab	ole:	Nayne	L. Ticky		
(Principal office address MUST BE A STREET	ADDRESS)	605 F 5h, A	L. Ticky leles ex.	FL 32	DX 4
Enter new mailing address, if applicable:	·	WAYNE	- L. TIC	44	
(Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>	605 H	elen st.	FL 320	84
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office ad		·	er the name of	
Name of New Registered Agent:	WAYNE	4. 7	TCHY		
New Registered Office Address:	605 He	lea sh	, , , , , , , , , , , , , , , , , , ,	26	
_	WAYNE 605 He St. Avg rstin	En.	<i>ter Florida street d</i> 	adaress i	9
	City			Przip 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 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

<u>Title</u> **Type of Action** <u>Name</u> **Address** WANKE L. TICHY 605 Helen St. Add St. augustias Fix 72084 Remove ☐ Add ☐ Remove Remove ☐ Add ☐ Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated MARCH ZL, 2012. Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

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