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(Re	questor's Name)	<u> </u>
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D. SCOTT OCT 2 7 2016

COVER LETTER

Division of Corp	porations		
SUBJECT: TH	erface Mi Name of Line	yr He Beach, igd Liability Company	uc
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Kimber	Name of Person	
	 	Firm/Company	
	3930	Lox Place	
	Boynton	Beach, FC City/State and Zip Code	33436
	E-mail address: (to be used for future annual report notif	fication)
For further information co	oncerning this matter, please ca	ıll:	
Name of	Person	at (561) 743 Area Code Daytime	2-9290 e Telephone Number
			TSE 5
Enclosed is a check for the	e following amount:		超 5 型
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status Certified Copy (additional copy is enclosed)
			900

TO:

Registration Section

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

The Articles of Organization for this Limited Liability Company were filed on Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 City New Registered Agent's Signature, if changing Registered Agent:

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
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n effective date is listed, the date must ote: If the date inserted in this bloom	be specific and cannot be ck does not meet the	e prior to date of filing or applicable statutory fi	r more than 90 days after ling requirements, this	filing.) Pursuant to 605.03 date will not be listed
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Filing Fee: \$25.00