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S. WARREN JUN 1 5 2017

COVER LETTER

SUBJECT: Type Company Name of Limited Company
The enclosed Articles of Amendment and (ee(s) are submitted for tiling.
Please return all correspondence concerning this matter to the following:
Harry Streets Company (1)
12175 NW 39th Street
Chy/State and Zip Chile
E-markaddress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kathryn Franc at 1954 796 - 2547 Name of Person at 1954 796 Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigsquare \text{S25.00 Filing Fee & \$\Bigsquare \text{S55.00 Filing Fee & \$\Bigsquare \text{S60.00 Filing Fee.}}\$ Certificate of Status \$\Certificate \text{Opy} & Certificate of Status & \$\Certificate \text{Copy} & Certified Copy \text{tadditional copy is enclosed}\$ Certificate of Status \$\Certificate \text{Copy} & Certified Copy \text{tadditional copy is enclosed}\$

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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 Liability Comp (A Florida Limited	palny as it now appears on our record Hability Company)	<u> </u>
The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC	" or the abbreviation "L.I. 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)	3900 NW 12 Gras Spring	IST Avenue S.FL 33645
B. If amending the registered agent and/or registered registered agent and/or the new registered office address ho		ls, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida street addre	
	, F	lorida
New Registered Agent's Signature, if changing Registered Agen	•	,

Thereby 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. Thereby 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>	<u>Address</u>	Type of Action
MGR	Dennis Wilburn	1275 NW 37th Street	🖸 Add
		Grauspring, FL 3300	∑ Remove
			☐ Change
AMBR	Foradian Galaiaus International, Inc	3900 NW 121 = Flyeni	Ç. p Add
	International, Inc	3900 NW 121 Frence Grad Springs, FL330	∬ Remove
			□ Change
			🗆 Remove
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Filing Fee: \$25.00