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COVER LETTER

	gistration Section ision of Corporat	ions		
SUBJECT:	Prepco	Name of Limi	ited Liability Company	
The enclosed	l Articles of Amen	dment and fee(s) are sub	mitted for filing.	
Please return	all correspondenc	e concerning this matter	to the following:	
	_	Jody Ha	J emes Name of Person	
	_	Jody Ha Prepco uc	Firm/Company	
	-	7723 Bur	ma Rd Address	
	_	Jacksnvill	e, FL, 32221 City/State and Zip Code	
	{	Drep Co Ser Vi E-mail address: (t	usice earnai. co	ication)
For further in	nformation concern	ning this matter, please ca	ıll:	
Jody	Hag em Name of Perso	eS n	at (904) 531 · 3 Area Code Daytime	ろか 12 Telephone Number
Enclosed is a	a check for the follo	owing amount:		
\$25.00 F	'iling 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Company as it no (A Florida Limited Liability C	ow appears on our recor ompany)	(ds.)	
Γhe Articles of Organization for this Limited Li	ability Company were file	ed on <u>3-28</u> 2	and assign	ed
Florida document number <u> </u>				
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liability com	ıpany here:		
The new name must be distinguishable and contain the w	ands 'Himitad Liability Comme	nu." the designation W.T.	C" on the abbreviation #LLC	
		my, the designation ED	C or the aboreviation L.C.C	•
Enter new principal offices address, if application	able:			
Principal office address MUST BE A STREE	T ADDRESS)			S
			7	L CR
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			-9	SEE
Enter new mailing address, if applicable:				_ iu _c
Mailing address MAY BE A POST OFFICE	<u></u>		- i	——————————————————————————————————————
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	- ' _ ,		<u>ပာ</u>	<u>Ö</u>
B. If amending the registered agent and/ registered agent and/or the new registered of		lress on our record	ls, enter the name of	the new
Name of New Registered Agent:	Jody Hag.	emes		
New Registered Office Address:	7723 Burma	R Enter Florida street addre	ess	
	Tackezanilla	r	lorida 32221	
	Jacksonville City	, г	Zip Code	
New Registered Agent's Signature if changing P	lagistared Agent:			

New Registered Agent's Signature, if changing Registered Agent:

Primo U.C.

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 = ' Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
VP_	Vanessa Lucenti		
		Po Box 7297, Tallahassee, Fl. 32314	Remove
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_ Change

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Filing Fee: \$25.00