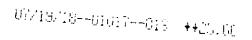
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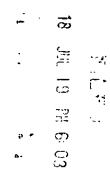
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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CULCEMB S. PRATHER

## **COVER LETTER**

	Registration Sec Division of Cor			
cum trz		eck Aussies LLC		
SOBJEC	.1; <u></u>	Name of Lim	ited Liability Company	
The encl	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Tammie Dunlap		
			Name of Person	<del></del>
		Autumn Creek Aussies		
			Firm/Company	
		16520 Jessamine Road		
Diving SUBJECT:  The enclosed Please return  For further in Tammic During			Address	<del></del>
		Dade City, Florida 33523		
		autumncreekaussies@gmai	City/State and Zip Code	
		E-mail address: (	to be used for future annual report noti	fication)
For furth	er information c	oncerning this matter, please ca	ali:	
Tammie	Dunlap		813 760-7220 at ( )	
	Name o	f Person	Area Code Daytim	te Telephone Number
Enclosed	I is a check for th	ne following amount:		
<b>F</b> 1 \$25.0	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)
	Registr	ING ADDRESS: ation Section	STREET/COUR Registration Section Division of Compo	on

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

ŤO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
<b>S</b> )	
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d office address on our records,	enter the name of the
here:	
Enter Florida street address	
mer i iorida sireel adaress	
Flor	ida
, Flot	Zin Code
	d office address on our records, here:  Enter Florida street address Flor

## 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:

$\mathbf{AMBR} = A$	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			Change
		· · · · · ·	□ Remove
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		<del></del>	□ Remove
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			D.O.

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Page 3 of 3

Filing Fee: \$25.00