## LOTOCOSILOY

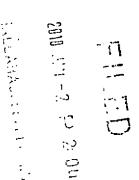
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## **COVER LETTER**

TO: Registration Se Division of Con	ection rpórations			
SUBJECT:	3 6 SERVICES & P Name of Lim	ASSOCIATES LLC ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	GUITRY	GA CHELIN  Name of Person		
		<u> KV10E5 &amp; ASSOCIATES</u> Fim/Company		
		VE 163 701 Sf 303 Address		
	<u>vn</u>	3 F4 53/62 City/State and Zip Code		
	E-mail address: (	FY 2 (Q (AMAIL, CC) to be used for future annual report notifi	Z. cation)	
For further information of GUITFY Name of	CACHE GIV	all:at ( <u>BSY</u> ) <u>557-3</u> Area Code Daytime	g 30 Telephone Number	<u> </u>
Enclosed is a check for t	he following amount:			in O
数 S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee.  Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

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 Company as it (A Florida Limited Liability				
The Articles of Organization for this Limited Liability Company were strong document number <u>LOP 0005/104</u> .	filed on <i>05/14/2</i> 0	n7	and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability co	ompany here:			
The new name must be distinguishable and contain the words "Limited Liability Con-	npany," the designation "LLC" o	or the abb	reviation "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 a registered agent and/or the new registered office address here:	ddress on our records,	enter t	he name	of the nev
registered agent and/or the new registered other address nere.		• • •	2010	
Name of New Registered Agent:		7	<b>3</b>	11
		5. 7.	1.3	
New Registered Office Address:	Enter Florida street address	;;;	<del></del> 	
	, Flor	ida <u> </u>	Zip Códe	<u></u>
New Registered Agent's Signature, if changing Registered Agent:	Ņ		Zap Code	
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfo				

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = ManagerAMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
NER	GACHELIN MARIE CARNEL	13.20 NE 113 M St, 303.	
		1320 NE 163 M St, 303.	Remove
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			Add
			□ Remove
			Change
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). If amending any other information, enter change(s) here: (Attach additional sheet			
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Effective date, if other than the date of filing:	(optional)		05.0303.13
Note: If the date inserted in this block does not meet the applicable statutory filing requiren	days after filing.) tents, this date w	rursuant to c	isted as th
document's effective date on the Department of State's records.	-	iş iş	
the record specifies a delayed effective date, but not an effective time, at  The 90th day after the record is filed.	12:01 a.m. o		lier of:
Dated DECEMBER 30 . POIZ.			
12 100.			
Signature of a member or adthorized representative of a memb	er		
Cidou Corner			
Cultry GACHTURE Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00