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(Cit	y/State/Zip/Phone	#}
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COVER LETTER

FO: : Registration Section Division of Corporations	
SUBJECT: Cocyles in Sirla Descripto L. L. C. Name of Limited Liability Company	2017 JUL 31 AM LE: 28
The enclosed Articles of Amendment and fee(s) are submitted for filing.	JUL 31 AM LE 28
Please return all correspondence concerning this matter to the following:	7 near
Name of Person	
City/ 5/11 Kirk Dennels, 11.6.	-
1960 May lown Ad.	-
City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Name of Person at (521) 543 1900 Area Code Daytime Telephone Number	er
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	ate of Status &

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

12/

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comparison of the Liability Comparison	iability company here:
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1460 May 12 11 11 Kel.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1960 Maytowa Rd. Oak Hill, pl. 31759
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the name of the new here:
Name of New Registered Agent: New Registered Office Address: 14 C (2 May Town Rd. Enter Florida street address
_ Cock	

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effective date i <u>ote:</u> If the date	s listed, the date mu inserted in this b	st be specific a lock does not	nd cannot be pr meet the app	licable statuto	ing or more dian ry filing requir	(optiona 90 days after fili ements, this da	ng.) Pursuant to	605.0207 listed as
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Filing Fee: \$25.00