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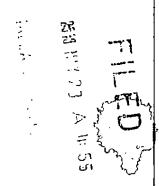
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### **COVER LETTER**

TO: Registration Sect Division of Corpo				<i>;</i>
		CKIFY LLC		j - 🏕
	Name of Lim	ited Liability Company		_
	mendment and fee(s) are sub	•		
	DAVII	O Ca BICKLEY		
		Name of Person		÷ % -n
	DAVID	Name of Person  RICKLEY LL  Firm/Company	<u>c</u>	7 T T T T T T T T T T T T T T T T T T T
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		AULASS FE, FL 3  City/State and Zip Code		<u>့</u> -
		K/ez @ y = h oc . Lo to be used for future annual report no		-
For further information con	e-mail address: (i		otification)	11
BRUCE B. Name of P	ノ <i>CKし</i> ピイ erson	at (850) 335 Area Code Dayti	- 6 448 me Telephone Numb	ner \
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee, cate of Status & cd 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

DAVID BICKLEY, (Name of the Limited Liability Company	LIC			
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our rec bility Company)	cords.)		
The Articles of Organization for this Limited Liability Company w Florida document number L O 8 O O O O O C O C.	ere filed on JAN 13	7, 2008	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	ty company here:			
S'AME		·	强 33	,
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "I	LLC" or the abbre	eviation "L.L	.c."
Enter new principal offices address, if applicable:	SAME	···	ا ا د	
(Principal office address MUST BE A STREET ADDRESS)	SAME	· · · · · · · · · · · · · · · · · · ·	~ ;;·	
_	<del>-</del>		, <u>r</u>	
			ហ ថា	
Enter new mailing address, if applicable:	SAME			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our reco	ords, <u>enter th</u>	e name o	f the nev
Name of New Registered Agent:	SAM E			
New Registered Office Address:	Enter Florida street add	dress		
		Florida		,
	City	<del></del>	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro	erformance of my duties,	and I am fan	niliar with	and

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

Title	<u>Name</u>	Address	Type of Action
AMBR	DAVID TYLER BICKLEY	3421 ROBINHOUD RUAD	<b>™</b> ∧dd
		TALLA 44558E, FL 32312	Remove
			Change
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an effective date is lote: If the date is	other than the date of filing:  Sisted, the date must be specific and cannot be prior to date inserted in this block does not meet the applicable size date on the Department of State's records.		
	fies a delayed effective date, but not an after the record is filed.	effective time, at 12:01 a.m. o	n the earlier o
	<u>, 22 , 2019</u>		

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