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(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7

Office Use Only 5.C.
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co				
CUDIFOT.	Acrism L	LC		
SUBJECT:	Name of Lim	して ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	April A	Name of Person		
		Name of Person		
		Firm/Company		
	1008 Ling	O Circle Address		
	_ 	Address		
	Oviedo	City/State and Zip Code Of mail. Com to be used for future annual report notif		
		City/State and Zip Code		
	apwin.05	3 gmail. com		
			ncanon)	
For further information	concerning this matter, please c	aii:		
April A.	Winchesty	at (407) 421- Area Code Daytime	-5940	
' Name	of Person	Area Code Daytime	e Telephone Number	
			:	(D
Enclosed is a check for	the following amount:		•	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
			(indicated copy indicates copy in the copy	
Mailing Addr		Street Address:		
Registration		Registration Sec		
Division of P.O. Box 63	Corporations 327	Division of Cor The Centre of T	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
	ability Company were filed on Jan 17, 200	and assigned
his amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
he new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
Principal office address MUST BE A STREET	T ADDRESS)	
nter new mailing address, if applicable:		
	BOX)	
<i>5</i>	BOX)	<u></u>
Mailing address MAY BE A POST OFFICE B 3. If amending the registered agent and/or re	egistered office address on our records, enter the na	me of the new registo
Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or regent and/or the new registered office address	egistered office address on our records, <u>enter the na</u> s here:	
Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:	egistered office address on our records, <u>enter the na</u> s here:	
gent and/or the new registered office address	egistered office address on our records, enter the na	74 H V

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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		Oviede, Pr 32765	Remove
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ective date, if other than the date of filing:	<u> </u>	(option	al) ^C	
effective date is listed, the date must be specific and cannot be p te: If the date inserted in this block does not meet the app	rior to date of filing or n	ore than 90 days after fi	ling.) Pursuar late will not	at to 605.020 The listed as
tument's effective date on the Department of State's reco		g requirements, uns e	ace will not	oe nated a.
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and was four delivery of the but are but and affective	timu at 12:01 a m	on the continue of the	The Other d	lov ofter the
cord specifies a delayed effective date, but not an effective filed.	ve time, at 12:01 a.m.	on the earner of. (b)	THE 90th t	ay after the
ed August b, 20	2			
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Ω Ω				
April A. Wine	Huthorized representation	of a mambar		
April A. Werich Signature of a member or a April A. Wir Typed or or		of a member		