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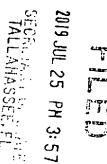
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COVER LETTER

SUBJECT: FR	BSH CLP R Name of Limi	ENGS C. L. C ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
Division of Corporations For a CI (() ? ? > 1 (C / / C)			
	<i>C.</i>		
		Name of Limited Liability Company ticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: DALL Formula Person	32168
SUBJECT: FRESH CLIPINGS L. L. C Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DAWN Robert Person	4 - (04)		
	•		
DAWN RE	152 Penas	at (386) 402 /	2.50
Name of Per	Son	Area Code Daytime I	elephone Number
SUBJECT: FRZ-SH CLTTINGS L. L. C Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DACH ROSS PERSON			
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

	477.14				
(<u>Name of the Limite</u> (.	d Liability Compa A Florida Limited I	ny as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited Lia Florida document number <u>4080000</u> This amendment is submitted to amend the follows. A. If amending name, enter the new name of	<u>ろろの</u> (c) wing:		30/2009	<u>∂</u> and assigned	d
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the designation	n "LLC" or the al	obreviation "L.L.C."	
Enter new principal offices address, if applica		1298 UR NZW SHYE	LLAALD VA BER	SINBARI XC4 PA	<u>32</u> 168
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>80X)</u>	1298 W NZW SHYN	1:1149 2NA BE	STAZE.	<u>T</u> 32168
B. If amending the registered agent and/o registered agent and/or the new registered off	ice address here	<u>:</u>	_		he new
Name of New Registered Agent:	DAWN	CK0052	Erna	<u>5</u>	
New Registered Office Address:	1299	6 WILLARD		27	
	NEW SO	Enter Florida street 142NA BEAU City		32.168 Zip Code	
New Registered Agent's Signature, if changing Ro	egistered Agent:				
I hereby accept the appointment as registered provisions of all statutes relative to the propenticept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this c	r and complete tered agent as p egistered office	performance of my dute provided for in Chapter	ies, and I am j 605, F.S. Or,	familiar with and if this docum <mark>en</mark>	d
	If Chan	oging Registered Agent, Sign	nature of New Re	Alerra Agent SS PH	

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 **Address Type of Action** Title Name FRRNANDO PERNAS 311 JANE ANN ST DANG PORT ORANGE F1. 32121 D'Remove Pernus DAWN 1298 WILLARD STREET WAD NEW SIYENA BEACH FL 32168 - Remove ☐ Change □ Add □ Remove _□ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove

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Note: If	e date, if other than the date of filing:	.0207 :d as
	rd specifies a delayed effective date, but not an effective time, at $12\colon\!01$ a.m. on the earlie 0 th day after the record is filed.	er of
Dated	7/22/2019	
	Garage W D	
	Signature of a member of authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00