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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE

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T. HAMPTON

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Tates		ed Liability Company	FIMYERS LL
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	Angelina	Name of Person	<u>jins</u>
	ID.E. F+	Firm/Company	<u>C</u>
	4480 Clo	veland Ave	
	Fort Mye	City/State and Zip Code	
	TDEFT ME-mail address: (for	be used for future annual report notific	cation) COY
For further information co	oncerning this matter, please ca	<u>)</u> II:	
Angline of Name of	e Wiggins Person	at (<u>239</u>) <u>(08</u> . Area Code Daytime	3486 Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional 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

International (Name of the Limite)	Liability Company as it no A Florida Limited Liability C	XCYCLOCK FORE ow appears on dur records.) ompany)	Myers, LCC
The Articles of Organization for this Limited Lia Florida document number		11/1/00	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability con	pany here:	
The new name must be distinguishable and end with the w	ords "Limited Liability Comp	pany," the designation "LLC" or	the ablifeviation "L.L.C."
Enter new principal offices address, if applica	ble:		ES E
(Principal office address MUST BE A STREET	ADDRESS)		The same
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B			PH 2: 13 SFEL STATE SFEL OR IDA
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office add ice address here:	lress on our records, <u>ent</u>	ter the name of the new
Name of New Registered Agent:	Angelina	M. Wiggi	ins .
New Registered Office Address:)		
		Enter Florida street address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the proper	agent and agree to act and complete perform	in this capacity. I further ance of my duties, and I a	agree to comply with the m familiar with and

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In 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, Thereby confirm that the limited liability

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
<u>wag w</u>	Dominika RAAb	4480 cleveland que	☐ Add
		F1 myers F1	Remove
		33901	
sec	Dominik RAAD	4480 Cleveland Aug	D Add
(Maples FI 34108) Home address	F1 myers F1 33901	Remove
			SECRET OF AND
			ω Remove
			2: 13 FI ORIG
mgirm	Angelina Wiggins	4480 Cleveland Ave	∇
	North Ft. Myers, Fi.	4480 Cleveland Ave. Ft. Myers, Fl. 33901 (Store Address)	□ Remove
	/ (HO(LIE)	(Store Address)	
sec_	Anaplina Wiggins	74480 Cleveland Av	Add Add
	(North Ft. Myers, FL (Home) 33905	/ 1	Remove
	(CIO)	(Stoke Address)	
	<u> </u>		🗆 Add
			Remove

ective date, if other than the date of filing: effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State) ed Signature of a member or authorized representative of a member Typed or printed name of signee	amending any other information, enter change(s) here: (Attach add	mionui sneeis, y necessury.,
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Signature of a member or authorized representative of a member	ective date, if other than the date of filing: effective date must be specific, cannot be prior to date of receipt or filed date and can date this document is filed by the Florida Department of State)	(optional) not be more than 90 days after
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