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COVER LETTER

TO:	Registration Secti Division of Corpo			
SUBJ	ECT:	Name of Limi	ted Liability Company	LLC
The en	closed Articles of An	nendment and fec(s) are subn	nitted for filing.	
Please	return all correspond	ence concerning this matter t	o the following:	
		5h	Name of Person	sers_
		WAtcon	Firm/Company	tions
		3456	Kings ROAD Address	South
		St-A glenn E-mail address: (1)	City/State and Zip Code Compart LW So be used for future annual report not	-(32086 5-com diffication)
For fu	rther information cond	cerning this matter, please ca		,
	Cole HA Name of Po	Chaubers	at (904) SL Area Code Daytin	U-2002 E
Enclos	sed is a check for the	following amount:		SEE T
□ \$2	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 & Closed)

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 ARTICLES OF ORGANIZATION

A4C Comp	outres, CC
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on November 18, 2008 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address here:	ice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office acceptable has been notified in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

EFFECTIVE DATE 05/01/14 Page 1 of 3

company has been notified in writing of this change.

MGR = Manager AMBR = Authorized Member **Type of Action Title** <u>Name</u> □ Add ☐ Change □ Add ☐ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add □ Remove Remove ் ☐ Change □ Add □ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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