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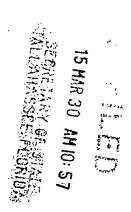
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J. Shivers APR 17 7113

## **COVER LETTER**

	pstration Sect ision of Corpo			· •
SUBJECT:	FIELDING	SYSTEMS LLC		
, C 100 C 11		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		CARINA CUTTER		
			Name of Person	
			Firm/Company	<del></del>
		1120 E. KENNEDY	BLVD #230	
			Address	<del></del>
		TAMPA FL 33602		
			City/State and Zip Code	
		CARINACUTTER@C	CUTTEROIL.COM	
		E-mail address: (t	to be used for future annual report notifi-	cation)
For further in	formation con	cerning this matter, please ca	all:	
CARINA			813 767-7744	
	Name of P	erson	at ()	Telephone Number
Enclosed is a	check for the	following amount:		
\$25.00 F	iling 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

#### FIELDING SYSTEMS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 03/11/2009 and assigned
Florida document number L0900023946	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
SEVENTEEN SYSTEMS LLC	
The new name must be distinguishable and end with the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5319 CEDARWOOD MANOR DR.
(Principal office address MUST BE A STREET ADDRESS)	PLANT CITY FL 33565
Enter new mailing address, if applicable:	5319 CEDARWOOD MANOR DR
(Mailing address MAY BE A POST OFFICE BOX)	PLANT CITY FL 33565
T. 10	<u></u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent:	MAR
	550 30 Feet
New Registered Office Address:	Finter Florida street address
	rmer vioriaa street adaress
	Florida 2 on
	City Clde

#### 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 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 = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the dather the date must be specific, cannot the date this document is filed by the Flori	be prior to date of receipt or filed date and cannot be more than 90 days after
Dated 27 MARCH	2015
Si	gnature of a member or authorized representative of a member
CARINA CUTTER	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

15 MAR 30 AM 10: 57