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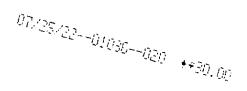
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ABOVE AN A/CLLC Name of Limited Liability Company	
rank of Emilies Elability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
DAYIO VAUGHT Name of Person	
ABouc All A/C LLC	
326 Riviere Dir.	
DeBery, Fl 32713	
DeBery, Fl 32713 City/State and Zip Code Vaight 007 O Yahaa Com E-man address: (to be used for future annual report notification)	79
For further information concerning this matter, please call:	```
	2
OAVIDVAUSHT at (386) 456-7796 Area Code Daytime Telephone Num	mber ⊃
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	00 Filing Fee, ificate of Status & itied Copy tional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

	-LC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LOPOOO35393</u>	were filed on $\frac{\dot{y}/13/2009}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	110
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.E.C."
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS</u>	326 Riviera Dr = DeBery, F1 32713 =
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	326 Riviere Dr DeBery, Fl 32713
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	VID VAUght
New Registered Office Address: 326 (Enter Florida street address
DeBa	VID VAUSHT 2. viera Dr. De Bery Fl Enter Florida street address ry City City Zip Code
Control of Annual Charles of the Decision Decision Annual	

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 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>	Name	Address	Type of Action
MGR	DAYIOVAUDKT	Beberg, Fl 32713	
		Debery 171 3d 113	□Remove
			□Change
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ord specifies a c filed.	delayed effective date	, but not an effectiv	e time, at 12:01 a	.m. on the earlier of:	(b) The 90th day after t
d	Davy V	and t	 .	ative of a member	
	Signa	ture of a member of a	uthorized representa	ative of a member	