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COVER LETTER

TO: Registration Sec Division of Corp		4.	
SUBJECT: RC	R Manage Name of Lim	GEMENT LLC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Dard	ira Potter	
		Name of Person	
		Firm/Company	
	674 Ret	Winkel Rd.	
	<u>Crawfo</u>	City/State and Zip Code	32327
	Cay\ra_F E-mail address:\((t	Off CV (a) Uah On. (
For further information co	ncerning this matter, please ca	ill:	
Dardra	Pater	at (850) 519	- 2872
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	<u>Name</u>	Address	Type of Action
MGR	Raymond Carrell Revell	1585 Patchwork Place Tallahasser, FL. 32310	
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f an effective date is Note: If the date	Tother than the date of filin listed, the date must be specific an inserted in this block does not a live date on the Department of S	d cannot be prior to date meet the applicable st	of filing or more than 90 atutory filing requirem	(optional) days after filing.) Pursuar tents, this date will not	nt to 605.0207 be listed as
record specifies d is filed.	a delayed effective date, but no	t an effective time, at	12:01 a.m. on the earl	ier of: (b) The 90th d	ay after the
Dated	Jovember 5 Vindra Signature of a	member of authorized of	epresentative of a member	er	
		Timohy Typed or printed name	. 0.		