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(Requestor's Name)	_
(Address)	
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: E	AGIES EVE OF Name of Limit	N FIA UC ted Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	S	HANNON BLACK	
a		Name of Person	
		Firm/Company	
	2728	Parsons Prest	
		Address	
	Tallah	Parsons Prest Address assue, FL 3230	9
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notificat	ion)
For further information c	oncerning this matter, please ca	all:	
Name o	f Person	at () Area Code Daytime Te	lephone Number
	• .		
Enclosed is a check for the	ne 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

(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	-11-2010	and a	ssigned	
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 design	nation "LLC" or the abb	oreviation "	L.L.C."	_
Enter new principal offices address, if applicable:	<u> </u>			
(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 ouregistered agent and/or the new registered office address here:	r records, enter	the name	e of the	new
		50		•
Name of New Registered Agent:	<del></del>	<u> </u>	<del> </del>	<u> </u>
New Registered Office Address:		第2	7	
Enter Florida :	street address	III.	<b>A</b>	
	, Florida	<b>多</b> 漢	9	 
City		Cod Cod	600	

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 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
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		XILLENNIN	authorized representative of a r	Pleu	

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