## 1000006155

(Re	equestor's Name)			
(Ac	idress)	<u></u>		
(Address)				
(Cı	ty/State/Zip/Phone #	·		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates o	f Status		
Special Instructions to Filing Officer:				

Office Use Only



900315402079

07/03/18--01001--005 \*\*25.00

404 CLOVERDALE DRL

K SALY JUL - 2 2018

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARTILED

SHARETARY A SAME

MENTOUS MINTEN WESTERFLOSS 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	y Company were filed on 1/19/2010 and assigned
Florida document number <u>LI 00000615S</u>	<u>.                                    </u>
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the l	imited liability company here:
the klenz in	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_N/A
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered event and/or re-	egistered office address on our records, enter the name of the new
registered agent and/or the new registered office a	
Name of New Registered Agent:	VICTORIA GLADOEN
New Registered Office Address:	Enter Florida street address
<u> </u>	, Florida
	City Zip Code

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	<b>Type of Action</b>
MGR	VICTURIA GLADDEN	404 CLOUCHAR DO.	Add
		194 CIOVENAGE DO. TAU., FL. 32312	Pemove
			☐ Change
		Remove	
		L-2dPH	
			Remove
		1,257	Change
			Add
		<del></del>	☐ Change
		Add	
			□ Remove
		Change	
			Add
			Remove
		Change	

). If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
<del></del>		
		<del></del>
		2048
		一 一
		がる所
		3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(If an effecti Note: If t	ve date, if other than the date of filing:	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the earlier of:
Dated	O July 2018.  Signature of a member or authorized representative of a member.	
	Victoria Gladden JOAN GUA	W3010

Page 3 of 3

Filing Fee: \$25.00