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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Cor		-13	•
SUBJECT:	LSF ACCOU Name of Lim	Accounting CCC Name of Limited Liability Company Indiment and fee(s) are submitted for filing. Indice concerning this matter to the following: LAURE FERGUSON Name of Person Firm/Company 27 BAY DEIVE SOUTHEAST Address FORT KIALTON BEACH, FL 32548 City/State and Zip Code LSFERGUSON 73 1 C GMAIL. COM E-mail address: (to be used for future annual report notification)	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LAURIE	FERGUSON Name of Person	
		Firm/Company	
	27 BAY	DRIVE SOUTH	EAST
		Address	
	FORT WIAL	CTOM BEACH, FO	L 32548
		•	
For further information co	oncerning this matter, please ca	all:	
LAURIE Name of	FEMBUSON Person	at (<u>850</u>) <u>502</u> – Area Code Daytime	7708 Telephone 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

	NTING LLC
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L 1 0000064</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "Ll.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	
	8 LEC
	PR AHAS
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	## 0501 TA
	33
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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(If an effective Note: If the document's	ate, if other than the date is listed, the date me date inserted in this effective date on the	ust be specific and o block does not me Department of St	cannot be prior to o eet the applicabl ate's records.	ate of filing or mo	re than 90 days afte requirements, th	er filing.) Pursuant to o iis date will not be l	listed a
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Filing Fee: \$25.00