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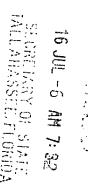
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COVER LETTER

	istràtion Secti ision of Corpo			
CHDIECT.	CAGESMITH	I ENCLOSURES LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	l Articles of Ar	nendment and fee(s) are subr	mitted for filing.	
Please return	all correspond	ence concerning this matter t	to the following:	
		Noel Brown		
			Name of Person	
		NTB Services LLC		
			Firm/Company	···········
		1080 Knotty Pine Ave		
		i	Address	
		North Port, FL 34288		
			City/State and Zip Code	······································
		ntbservicesllc@gmail.com		
		E-mail address: (t	o be used for future annual report notific	cation)
For further in	nformation con	cerning this matter, please ca	ill:	
Noel Brown			941 275-7785 at ()	
	Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
\$25.00 F	iling 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

CAGESMITH ENCLOSURES LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Torida document number <u>L10000039302</u>	ompany were filed on04/12/2010	and assigned
this amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limit	ed liability company here:	
he new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	ESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
Multing data ess MAT BE A FOST OF FICE BOX)		
B. If amending the registered agent and/or registoregistered agent and/or the new registered office address.	· -	nter:the name of the
Name of New Registered Agent:		25 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
New Registered Office Address:	Enter Florida street address	
		7.7
	, Florid	Ia Cob

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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	CHRISTOPHER ALLEN	11144 3rd Ave	
		Port Charlotte, FL 33955	Remove
			☐ Change
			Add
		<u></u>	□ Remove
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fective date, if other than the effective date is listed, the date in	nust be specific and canno					
ote: If the date inserted in this cument's effective date on the			itutory filing requir	ements, this date	will not be	listed as
record specifies a delay The 90th day after the re		but not an e	effective time, a	t 12:01 a.m. (on the e	arlier o
JUNE 1	20	16				
ited						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00