L10000045696

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EXAMINER



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FILED SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO: Registration of Division of	on Section Corporations
SUBJECT:	Name of Limited Liability Company so of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following:
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all cor	respondence concerning this matter to the following:
	EVA Hency Name of Person
	Firm/Company
	1724 St John St
	TAmpA F1 33607 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further informat	ion concerning this matter, please call: 813 2176 at()
Na	ime of Person Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:
\$25.00 Filing Fe	Solution from the status and the status are status as a status and the status are status as a status are status are status are status as a status are status

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	्र विद्वार
Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number 10000045696	were filed on <u>4-28-10</u> and assigned
This amendment is submitted to amend the following:	liter common y bours
A. If amending name, enter the new name of the limited liabil	uty company nere:
The new name must be distinguishable and end with the words "Limite"L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2806 NORTH MUNRO STREET
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33602
Enter new mailing address, if applicable:	P.O. BOX 173152
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA, FL 33672

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:	2806 NORTH MUNRO	STREET	
	Enter Florida street address		
	TAMPA	, Florida _	33672
	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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action **Address** <u>Title</u> <u>Name</u> Marm Yatricia Burck c/o EVA HENRY Remove 2806 NORTH MUNRO STREET - TAMPA, FL 33602 ___ Remove ☐ Add Remove Remove \prod Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) at 2806 NORTH MUNRO STREET, TAMPA, FL Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00