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(Re	questor's Name)	
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(Do	cument Number)	
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COVER LETTER

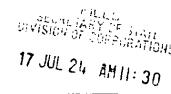
TO: Registration Section Division of Corpor		
SUBJECT: Me-	Name of Limited Liability Company	-
The enclosed Articles of Am	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	Leslie J. Paugh Name of Person	_
	Metager & Associates LLC	_
	1637 Metropolitan Blvol C-2	
	City/State and Zip Code I paughe metagerandassociales. Com Firmail address: (to be used for future annual report notification)	
	Prayle metagerandassociales. Com 13. mail address: (to be used for future annual report notification)	_
	ocerning this matter, please call:	
Name of P	Person Jat (\$50) 329 - 750 O Area Code Daytime Telephone Nur	nber
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Status Certified Copy Certified Copy (additional copy is enclosed)	O Filing Fee. ifficate of Status & ified Copy tional 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



Met 2ger & Associates 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 Company were filed on 10/15/10 and assigned Florida document number 1/000/10790. 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 designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (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 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: Enter Florida street address

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>	<u>Address</u>	Type of Action
MGR	Leslie J. Paugh	1637 metropolitan Blud C-2	🖸 Add
	J	Tallahassee FL 32308	🗆 Remove
			☐ Change
			🗆 Add
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			_□ Remove
			□ Change

	
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Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	not be instead a.
The 90th day after the record is filed.	
Dated 24 July . 2017 Signature of a member or authorized representative of a member	17 JU
Lessie Dauch Typed or printed name of signee	JUL 24 AH 11: 3
Typed or printed name of signee	
Page 3 of 3	=

Filing Fee: \$25.00