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(Document Number)
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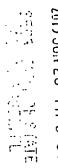
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT:	tchoi	Lla		
obsiter	Name of Limited	I Liability Company		-
The enclosed Articles of Amendment a	nd fee(s) are submit	tted for filing.		
Please return all correspondence conce	rning this matter to	the following:		
	Sus	Name of Person	4	
tol	Solear	ad Pent K	estly	Trc
24	t1 NW	93 AUE	#70:	3_
Do	epl F	lour =	33172	
	Ayo Su	City/State and Zip Code LSALA be used for future annual repo	Grail	COM/
	ì		rt notification)	
For further information concerning this Name of Person	matter, please cail:	at (786) 30	25 - 86 Daytime Telephone	85. Number
Enclosed is a check for the following a				
	Filing Fee & cate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	C O	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
MAILING ADDRE Registration Section	SS:	STREET/CO Registration S	OURIER ADDR	ESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

tatcho	5î (CC.
(Name of the Limited Liability C (A Florida Lir	company as it now appears on our records.) inted Liability Company)
The Articles of Organization for this Limited Liability Com	pany were filed on NOV-16, 2010 and assigned
Florida document number \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	946
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
The new name must be distinguishable and contain the words "Limited	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 ADDRES	(S) Z (C)
Enter new mailing address, if applicable:	بن کے ا
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, enter the name of the new s here:
Jan (Colon With the Transfer
Name of New Registered Agent:	Spleand tent teatty Inc.
New Registered Office Address: 2441	NN 93 NE # 103.
	Enter Florida street address 22.177
	City Florida Zip Code
New Registered Agent's Signature, if changing Registered A	gent:
I hereby accept the appointment as registered agent and	l agree to act in this capacity. I further agree to comply with the

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 Title **Name** Address Type of Action _____ Change _□ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add _□ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add _□ Remove ___

Change

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ote: If the date insert	er than the date of fili I, the date must be specific a led in this block does not ate on the Department of	t meet the applicable	ate of filing or more than statutory filing requir	(optional) 90 days after filing.) Pursua ements, this date will not	nt to 605,026 be listed a
record specifies The 90th day afte	a delayed effective er the record is filed	date, but not ar	n effective time, a	t 12:01 a.m. on the	e earlier
led JANE	25m	2011			
AND		APPS)			
	(Signature, 1	amember or authorized	d representative of p mer	nber	<u>. </u>

Page 3 of 3

Filing Fee: \$25.00