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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Testy LLC. Name of Limited Liability Company
Mame of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joe Telese Name of Person
Testy LLC.
5100 West Kennedy Blud
Tampa Florida 33609 City/State and Zip Code SOETORNOMTS, Com E-mail address: (to be used for figure annual report notification)
E-mail address: (to be used for future annual report notification)
For firther information concerning this matter, please call:
Toe Telese at 213, 935-1828 Ext. 111 (27) Name of Person Area Code & Daytine Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \times 130.00 Filing Fee \times 155.00 Filing Fee \times 1560.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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
Cliffon Building
2661 Executive Center Circle
Tallalussee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on o ated Liability Company)	п. г.сотдз')			
The Articles of Organization for this Limited Liability Company were filed on			and assigned		
Florida document number					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	d liability company here:				
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company." th	e designation 'LLC''c	or the ab	breviatio	
Enter new principal offices address, if applicable:	VIE EN ANALY MANAGEMENT OF THE PROPERTY OF THE				
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	2+ a	2011		
		Sec. P	30	**7"2	
		0.7		Paraban.	
Enter new mailing address, if applicable:		(4) 2) (17)	C.	1	
(Mailing address MAY BE A POST OFFICE BOX)	-11.1 - 11.1 - 1.	(17) (17) (1-1)	<u> </u>	1 1 [
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			<u>ආ</u> හ		
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:		cords, <u>enter the na</u>	ime of	the nev	
New Registered Office Address:					
	Enter Flo	rida street address			
		, Florida			
	Ciţi	Zįį	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. If in the 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. Thereby 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR.= Manager

MGRM = Managing Member <u>Name</u> Address Type of Action 5% Sames W. Jewell 5100 West Kennedy Blud Suite 160 HAdd Remove Remove Remove Remove Remove

D. If amending any other information, enter change(s) here: (Attach additional she	eets, if necessary.)
	W-16/40
Dated 10/09/2013 10/04/ 2013	
Signature of a member or authorized representative of a member of authorized representative of a member of signee Typed or printed name of signee	minper
Page 3 of 3	
Filing Fee: \$25.00	2013 FALL
Reforence number: L I 0000 121 93	28 0CT 15

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