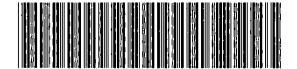
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(Requestor's Name)
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SECRETARY OF STATE MEION OF CORPORATIONS

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COVER LETTER

Division of Corpo	rations			
SUBJECT: Am	og Wau	CR.		
•	Name of Limite	d Liability Company		
The enclosed Articles of An	nendment and fee(s) are subm	itted for filing.		·
Please return all correspond	ence concerning this matter to	the following:		
	Ipmes w	Sa UCAL Name of Person		
		Name of Person		
	TANKS CH	aced		,
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•	E-mail address: (to	be used for future annual report no	otification)	
For further information con-	cerning this matter, please cal	:·		
Drunt 1.10	9 - /	at (850) 63/	1-0730	
Name of P	erson	at (<u>950</u>) <u>63/</u> Area Code Dayt	ime Telephone Number	
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Cop (additional copy	f Status &

MAILING ADDRESS:

TO:

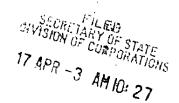
Registration Section

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



The Articles of Organization for this Limited Liability Company were filed on Parables 24,207 and assigned Florida document number LIDCKD 1/875.

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)

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 sireet 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: SECRETARY OF STATE BIVISION OF CORPORATIONS

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
	•		Change
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Signature of a member or authorized representative of a member TAMPS WCa VCR Typed or printed name of signee	Jame We Signature	of a member or authorized re	epresentative of a mer	nber	

Page 3 of 3

Filing Fee: \$25.00