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SECRETARY OF STATE
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J SHIVERS

COVER LETTER

TO: Registration Section * Division of Corporations
SUBJECT: Name 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:
Jalokde Nulls.
Name of Person Name of Person Firm/Company LUC
7281 NW 36 th St
MAM FL 33166.
City/State and Zip Code E-mail address: (to be used for future annual report notification) City/State and Zip Code Comparison City/State and Zip Code Comparison City/State and Zip Code Comparison Compar
For further information concerning this matter, please call: Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) \$25.00 Filing Fee \$\Bigcup \$60.00 Filing Fee, 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Mail Lourse LIC

(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	gned
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the appreciation "LLC" are the appreciation "LLC" are the appreciation "LLC" are the appreciation and the second	C
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Company Company	HWY 232
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) S181 NW 30 TM ST Warm FL 331L	20 F
B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here:	of the new
Name of New Registered Agent: New Registered Office Address: New Registered Agent: OCION S. DIXIE HW: Enter Florida street address Address: New Registered Office Address: OCION S. DIXIE HW: Enter Florida street address Zip Code	1 32
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 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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00