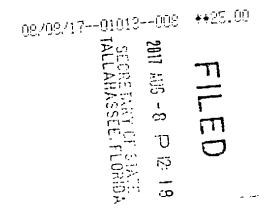
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COVER LETTER

TO: Registration Secti Division of Corpo			·	
SUBJECT: CON	us loto, u	C	_	
Subject:	Name of Limit	ed Liability Company	·	
The enclosed Articles of Ar	nendment and fee(s) are subn	nitted for filing.		
Please return all correspond	lence concerning this matter to	o the following:		
	Ĉc	Name of Person		
			7.0 B	
	Ccv.	MCS LCAXCY CLC Firm/Company	2011 AUG -G SECRETAR TALLAHAS	EN ED
			HASE ST. F	
	10740	Address Address		T
		Address	TOP TO	
	Mich	City/State and Zip Code	200 8	
	latica	City/State and Zip Code 151 CANON THE CODE to be used for future annual report notification	Hockwon	
For further information cor	ncerning this matter, please ca	ill:		
cirlos t	dou	at (205) 294 (60	201.	
Name of	Person	Area Code Daytime Tel	ephone Number	
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & 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 OF

Certes Cetx	s, UL
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabilit	it now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document number $\underline{LMCOO54425}$.	filed on $\frac{5746/2041}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
	val. Jain vita of LC" as the abbreviation of LC"
The new name must be distinguishable and contain the words "Limited Liability Co Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	mipany, the designation Cit.C of the aboreviation Cit.C.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SSEE. FLOR DA
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the i
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perf	act in this capacity. I further agree to comply with ormance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MOCK	Lubu, Gabriel.	10740 SW 29th st.	Madd
		10740 SW 29151. MIGMI (L 33165.	Remove
			☐ Change
		TALLAI	Remove
		PALLAHASSEE. FLORIDA	Add O
		L08180	Remove Change
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more that Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	(optional) in 90 days after filing.) Pursuant to 605,0207 (pirements, this date will not be listed as t
he record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	at 12:01 a.m. on the earlier of
Dated	nember
cirles lobo	

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Page 3 of 3

Filing Fee: \$25.00