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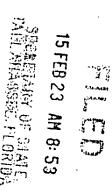
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COVER LETTER

TO: Registration Section ' Division of Corporations	
SUBJECT: Ponce Adam	S PRODUCT FON PRODUCT
The enclosed Articles of Amendment and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to the	ne following:
Renee	Adams - StockDTll Name of Person Adam 5 Firm/Company
76 ZACHA	Ry Wadt St.
Kenee C. K	Pence Adoms Com used for future annual report notification)
For further information concerning this matter, please call:	
Rence Adams-Stockorl Name of Person	at (407) 493 - 9773 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}	□ \$55.00 Filing Fee & □ \$60.00 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

RENEE ADAMS (Name of the Limited Liability Compa (A Florida Limited I	RODUCTION (LC ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $4-17-12$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabs Resea Adams, LLC The new name must be distinguishable and end with the words "Limited Liabs	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	76 ZACHARY WODE St. WINTER GARDEN, FL
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME SAME
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	E ADAMS - STOCKDILL
New Registered Office Address: 74 ZA	CHARI WADE SE Enter Florida street address
WINTER	GARDEN, Florida 34787 Zip 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. 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u>`itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
	NONE -		Add
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Page 3 of 3

Filing Fee: \$25.00

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