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SECRETARY OF STATE
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COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT:	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jorge Ambriz Name of Person	
-a Salle Seculos IIC Firm/Company	
1149 Courtray Trace Dr. Suite 302	
Brandon Fl. 33511 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (863 810 - 1017 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(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

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SECRETARY OF

(Name of the Limited I	lability Company as it now appears on lorida Limited Liability Company)	SECRETARY OF STATE OUR PROPERTY OF STATE	
The Articles of Organization for this Limited Lia	•	11 2011 and assigned	
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liability company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," t	he designation "LLC" or the abbreviation	
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered offi		ecords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
•	Enter Florida street address		
	, Florida		
	City	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mana MGRM = Ma	ager Inaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Jared R Davis	1149 Courtney Trace Dr. Suite 3020 Brandon FI, 3 3851	Add, Remove
			Add Remove
		<u> </u>	Add Remove
			Add Remove
	·		Add Remove
			Add Remove
D. If amendin	ng any other information, enter chang	e(s) here: (Attach additional sheets, if necessary	v.)
	•		FILED 11 OCT 28 PM SECRETIARY DES
Dated <u>Octo</u>			2: 53
· _	Jorge Amb	or authorized representative of a member	

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Filing Fee: \$25.00