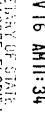
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





800279070568

11/16/15--01012--010 **25.00



NOV 1 8 2015 Y SULKER

COVER LETTER

	anagement & Holdings, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	nitted for filing.	
Please return all corres	condence concerning this matter	to the following:	
	Shaunette Stokes		
		Name of Person	
	Stokes Law Group, PLLC		
		Firm/Company	
	5508 N. 50th Street Suite 1	0	
		Address	
	Tampa FL 33610		÷.
		City/State and Zip Code	
	shaunette@stokeslegalcouns		
	E-mail address: (1	o be used for future annual report notif	ication)
For further information	concerning this matter, please ca	ill:	
Shaunette Stokes		813 444-4156 at ()	
Name	of Person	Area Code Daytime	e 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 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

y Company as it now appear Limited Liability Company) ompany were filed on		and assigne	ed
ompany were filed on 11 	/18/2011	and assigne	ed
<u>.</u> →			
ted liability company ho	<u>ere</u> :		
ted Liability Company," the c	designation "LLC" or the	he abbreviation "L.L.C."	,,,
2014 E. Yukon	Street		
ESS) Tampa FL 3360)5		
 _			
P.O. Box 89096	6		
Tampa FL 3368	89		
ered office address or ess here:	n our records, <u>en</u>	목말	the 1
Law Group, PLLC		NOV S	.7: : *
. co.1 g g : 10		35 6	1 سئ
I. 50th Street Suite 10			1
	orida street address	a 33 (1) is	! -
	2014 E. Yukon 2014 E. Yukon Tampa FL 3366 P.O. Box 89096 Tampa FL 3368 ered office address or ess here: Law Group, PLLC	2014 E. Yukon Street Tampa FL 33605 P.O. Box 89096 Tampa FL 33689 ered office address on our records, eners here: Law Group, PLLC	P.O. Box 89096 Tampa FL 33689 Proceed address on our records, enter the name of the sess here: Law Group, PLLC

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.

f 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Faison, Jermaine	1212 Lake Highview Ln	Add
		Brandon FL 33510	■ Remove
			Change
		•	Add
			□ Remove
			Change
			□ Add
			☐ Remove
			15 Ghange
			SS D Rodd
			Remove
			Add
		·	□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change

	r.
······································	
	
<u> </u>	
ASS A	•
· · · · · · · · · · · · · · · · · · ·	
프로 <u>교육</u>	
NOV 16 AN 11: 34 CONTRACT OF STATE OF	ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00