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(Requestor's Name)	
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	
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TO: Registration Sec Division of Cor			
Aé	R Floor Cove	Da. UC	
SUBJECT: Te	Name of Limi	ted Liabilily Company	
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspond	ndence concerning this matter t	to the following:	
	Richard Mou),e	
		Name of Person	
		Firm/Company	
	in a o' th's	, >0	
	1213 Manvier	Address	
	1213 Richvier Tallahassee	F1 32301	
		City/State and Zip Code	
	E will add - (to be used for future annual report notifi	ontion)
			Çation)
For further information of	oncerning this matter, please ca	all:	
		at (
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ua fallowing amounts		
\$25.00 Filing Fee	\$30.00 Filing Fee &	□ \$55,00 Filing Fee &	→ □ \$60.00 Filing Fee,
23,00 rming rec	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	ING ADDRESS:	STREET/COURI	FR ADDRESS:
	and Address:	Projection Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED 2015 JUL 17 AM 10: 57

OF imited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) wii and assigned The Articles of Organization for this Limited Liability Company were filed on Dec. 5 201 L11000136764 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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

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>	Name	Address	Type of Action
MGR	Richard Moore	1213 Richview Rel Tallahassee Fl 32301	Add
		Tallahasiee Fl 32301	Remove
			Change
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Note:	re date, if other than the date of filing:	to 605.02 be listed	07 (3) as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	earlier	of:
Dated	7-17-15		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00