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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Destined +	Name of Limited Liability Company	-
The enclosed Articles of Amendment and	fee(s) are submitted for filing.	
Please return all correspondence concerning	ng this matter to the following:	
<u></u>	pel Thing Spilley Name of Person	<u> </u>
Dest	Firm/Company	T WEEK THE T
4421	+ Castlebalt Noac	SSEE T
07/0	ando, Fl 32839 City/State and Zip Code	F STATE ORIB
<u> </u>	hina Officalu mail address: (to be used for future annual report n	otification)
For further information concerning this ma	atter, please call:	
We'ching Stricy Name of Person	at (786 258 Area Code & Day	4553 vtime Telephone Number
Enclosed is a check for the following amount	unt:	
\$25.00 Filing Fee \$30.00 Filing Certificate	ng Fee & □\$55.00 Filing Fee & Certified Copy (additional copy is enclo	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

Destroalto to Good 1127

(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our	r records.)
(A Florida Limited Lia	ability Company)	1
The Articles of Organization for this Limited Liability Company v Florida document number <u>LIVOOI44</u> 63	were filed on $12/2$	7/2011 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
1A		
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	NA.	20
(Principal office address MUST BE A STREET ADDRESS)		
		±0.
	et.	SSE CO
Enter new mailing address, if applicable:	M	mg & M
(Mailing address MAY BE A POST OFFICE BOX)		ST N
		gri 🙀
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		ords, enter the name of the new
Name of New Registered Agent:	A	
New Registered Office Address:		
	Enter Flori	ida 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Dikki Pinkard	PO Box 592333	Add
		PO Box 592333 Orlando, FI 32859	Remove
			Add
			Remove
		T/LL A	Add
		LLAHASSEE, FLORID	Add Remova
			Add Remove
			Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			Add
			Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• `	
Dated	May 6, 2013.
	Lach)
	Signature of a member or authorized representative of a member
	be'thing Shivey
	Typed or printed name of signee
	Page 3 of 3

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Filing Fee: \$25.00

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