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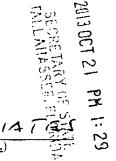
COVER LETTER

TO: Registration Section Division of Corpo					
SUBJECT: UN	ITED SEX	1107	SERVICE	A550C11	4TES
	Name of Limit				
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filin	Չ.		
Please return all correspond	lence concerning this matter	to the followin	ā;		
	ANDRE	X 5 Name of 1) MUELC	・モア	
	W 1000 T T T T T T T T T T T T T T T T T	Firm/Con	ipany		
	700 E.	WEL	CH 2D	The state of Laboratory and the	
	APOPK HUELL E-mail address (1)	City/State and ER FC be used for fut	Zip Code O R / D A Course annual report notification	GMAIL	. con
For further information con	cerning this matter, please ca	all:			
ANDZEAS Name of P	MUELLEZ	at (<u>/</u> (574-	3799	
Name of P	erson		Area Code & Daytime Tel	ephone Number	•
Enclosed is a check for the	•			<u> </u>	281
¥ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□S55.00 Fi Certifie (additio	•	Certificate of Startis Certified Copy (additional copy) is	nclosed)
Registrati	G ADDRESS: ion Section of Corporations 6327		STREET/COURIER Registration Section Division of Corporation Clifton Building	*	1: 29

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia Florida document number /Zoooo	ability Company w	ere filed on/	1-30-201	2 and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabili	ry company her	<u>re</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited	Liability Compa	any," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applica	ıble:	700	E WEL	CH 2D
(Principal office address MUST BE A STREET	TADDRESS)	A707	PLA, FL	32712
Enter new mailing address, if applicable:	•	700	E WELL	C4 ZD
(Mailing address MAY BE A POST OFFICE E	<u>30X)</u>	A701	PLA FL	3271Z
B. If amending the registered agent and/o registered agent and/or the new registered off Name of New Registered Agent:		e address on	our records, <u>enter</u>	r the name of the ne
New Registered Office Address:	700 E	WELC	H Z)	
Ton registered office readiess.		En	nter Florida street a	ddress
	APOP	k s	, Florida _	32712 Zip Code
		JIIV		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 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 = Manager

MGRM = Managing Member Title **Type of Action** <u>Name</u> **Address** Remove Remove Remove

ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
_	
-	
	10-15. 2013.
	Signature of a member or authorized representative of a member
	NITZIA MUELLEZ, MGRM Typed or printed name of signee
	Typed or printed name of signee

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