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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: U	.5. Augustic	ted Liability Company			
	Amendment and fee(s) are sub	-			
Please return all correspondent	ondence concerning this matter	to the following:			
	Royald A	Name of Person			
		Firm/Company			
	1332 3R	AVE W Address			
	BRADENTO	City/State and Zip Code A A A A C C C C C C C C C C C C C C C			
	E-mail address: (to be used for future annual report notifica	ation)		
For further information	concerning this matter, please of	eall:			
Name of Person		at (741) 228-7 Area Code & Daytime 7	Telephone Number TASEC NOV		
Enclosed is a check for t	the following amount:		<u> </u>	ÅPF F	
\$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 Control Status & Certificate of Status & Certified Copy Control (additional copy Control Status & Certified Copy Control (additional copy Control Status & Control (additional copy Control (additional cop	AND AND FILED ed)	
MAN INC ADDRESS			D + DDD 500		

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

ompany as it now appears on our records.) nited Liability Company)
npany were filed on 03 (05 (2012 and assigned
d liability company here:
"Limited Liability Company," the designation "LLC" or the abbreviation
1332 3Pd AVE W BRADENTON, FI. 34205
BRADENTON, FI. SHEES
SAME AS Above SER & FRE
PH 1: 02 E. FLOHIDA
ed office address on our records, enter the name of the new s here:
2 3rd AVE W
Enter Florida street address
DENTON Florida 34205
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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managin. Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Type of Action Address** ☐ Add Remove Add Remove Add Remove Add Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 11-06 Signature of a member or authorized representative of a member Allen JOHNSTEN, JEZ Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00