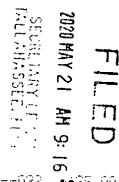
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COVER LETTER

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Banci:	Name of Limite	ed Liability Company		
enclosed Articles of	Amendment and fee(s) are subm	itted for filing.		
ase return all correspo	ondence concerning this matter to	the following:		
	Jose	ph Mack	LAY	_
	Succe	Name of Person OAST Firm/Company	Feknon De	<u> </u>
	5601	Brooklyn Address	, Aug	_
	SARAS	sota, F	1 319	31
	E-mail address: (10	City/State and Zip Code SucoAST be used for future annual re	TALKWOOD Port notification)	o. com
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Joseph	Machai	at (<u>941</u>)	356-465É	3
Name o	of Person	Area Code	Daytime Telephone Number	er
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Zi \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certific Osed) Certifie	ate of Status &
Mailing Addre Registration Division of C P.O. Box 633 Tallahassee,	Section Corporations 27	Division The Cent 2415 N.	dress: tion Section of Corporations tre of Tallahassee Monroe Street, Suite see, FL 32303	810

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION

OF ed Liability Company as it now appears on our records): DR 17 (A Florida Limited Liability Company) FALLAHA FALLAHAS e Articles of Organization for this Limited Liability Company were filed on orida document number L120000 3380 is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." ter new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS) iter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX If amending the registered agent and/or registered office address on our records, enter the name of the new registered ent and/or the new registered office address here:

Name of New Registered Age at New Registered Office Addre s: Enter Florida street address

City

w Registered Agent's Signature, if changing Registered Agent:

vereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the perper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in with the with change.

If Changing Registered Agent, Signature of New Registered Agent

imending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager 4BR = Authorized Member

<u>:le</u>	<u>Name</u>	Address	Type of Action
GR	Tracer Macka-	5601 Brooklyn A.P SARASOTA FI 34031	
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eore s file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
ed _	5/19
	in the fiber or authorized representative of a member
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