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(Re	questor's Name)	
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SECRETARY OF STATE

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COVER LETTER

т̀о:	Registration Section Division of Corpor	on Pations	j	
SUBJE	сст: 112	20 NW 35	5 St # B L	LC
		nendment and fee(s) are submence concerning this matter to		
		Harry M	Name of Person	
			Firm/Company	<u> </u>
		12394 NI	W 53°D S.L.	
		Coral Sp	City/Stalk and Zip Code	076
		HOJ 2118 E-mail address: (to	a AOL: Com be used for future annual report notifica	ation)
For fu	rther information con	cerning this matter, please cal	II:	
	Harry Namb of P	Musman crson	at (954) 856- Area Code Daytime T	-8231
Enclo	sed is a check for the	following amount:		
/	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, 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 OF

SECRETARIO OF STATE

P. L. LASSEE, FLORIDA

(Name of the Limited Liability Company (A Florida Limited Liab	Street # B. as it now appears on our records.) illity Company)	LINSEE, FLORIDA
The Articles of Organization for this Limited Liability Company we Florida document number 10000614098 11	ere filed on May 11, 20	212and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Company," the designation "LLC" or the at	obreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida 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 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 = Aut	horized Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Musman Zelda	12394 NW53°DSt	□ Add
	•	12394 NW53°DSt CoralSprings, Fl 33076	Remove
		3307b	Change
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The 90th day afte	er the record is fil	ed.		t 12:01 a.m. on the	earlier of:
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