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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:		T LLC red Liability Company	<u>. </u>
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	AVATAV2	JURINOVA Name of Person	
	FL PRE	STIGE SERVICE	SLLC
	121 GIN	GER RD.	
		Address	·
	VENICE	FL 34293 City/State and Zip Code	
	SDPIZKO	City/State and Zip Code R P YAH OO CO / to be used for future annual report notificati	\triangleleft
For further information co	ncerning this matter, please ca	all:	
SVATAVA	JURINOVA	at (<u>941</u>) <u>493</u> 94 Area Code Daytime Tel	498
Name of	reison	Area Code Daytime Tel	ephone (vumber
Enclosed is a check for the	e 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

REES	T	LC		
(<u>Name</u> of the Limited Li (A F	iability Compa lorida Limited	<mark>any as it now appears</mark> Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabseller Florida document number	<u> 265</u> .	were filed on 0	5/11/2011	2 and assigned
A. If amending name, enter the new name of the	<u>e limited liat</u>	oility company here	:	
The new name must be distinguishable and end with t "L.L.C."	the words "Lin	nited Liability Compar	ny," the designation	"LLC" or the abbreviati
Enter new principal offices address, if applicable	le:	121 611	VGER 1	ED.
(Principal office address MUST BE A STREET A	ADDRESS)	VENICE	, FL 34.	PD. 293
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		·		2930
B. If amending the registered agent and/or registered agent and/or the new registered office	e address hei	<u>re</u> :		> the name of the ne
Name of New Registered Agent:	FL P.	RESTIGE GINGER	SERVICE	ES LLC
New Registered Office Address:	121			
			r Florida street aa	
-	VEI	VICE City	, Florida _	34293
New Designand Agent's Signature of sharping Designature				zip Coae

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
		<u></u> ,	Remove
			Add
		Remove	
			Add
			Remove

D., If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	THE NEW ADDRESS OF MANAGING MEMBERS 1.	5:
	121 GINGER RD	
_	THE NEW ADDRESS OF MANAGING MEMBERS 13 121 GINGER RD VENICE, FL 34293	
E. Effectiv	ve date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(1)	5)
Dated	12/30/1, 2013.	
	- Pau	
	Signature of a member or authorized representative of a member	
	PAVEL PUMMER Typed or printed name of signee	
	Typed or printed name of signee	
	Page 3 of 3	
	Filing Fee: \$25.00	