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(Requestor's Name)	
(Address)	
(Address)	•
(City/State/Zip/Phone #)	
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(Business Entity Name)	_
(Document Number)	<u> </u>
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COVER LETTER

TO:

Registration Section Division of Corporations

	OSTING LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	DOUGLAS L. BATEY		
		Name of Person	
	BATEY BUSINESS LAV	PLLC	
		Firm/Company	
	23316 NE REDMOND-FA	ALL CITY ROAD, #486	
		Address	
	REDMOND, WA 98053		
	- , -	City/State and Zip Code	
	DOUG@BATEYLAWFIR		
	E-mail address: (to be used for future annual report not	ilication)
For further information	concerning this matter, please c	all:	
DOUGLAS L. BATEY	'	425 947-7141	
Name	of Person	at ()	ne Telephone Number
Enclosed 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 enclose)
Regis	LING ADDRESS: stration Section	STREET/COURI Registration Section	on
Division of Corporations P.O. Box 6327		Division of Corpo Clifton Building	rations
	hassee, FL 32314	2661 Executive Co	enter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

t now appears on our records.) filed on May 17, 2012 and assigned ompany here: mpany," the designation "LLC" or the abbreviation "L.L.C." 3 Culbreth Drive, Stc. 343
ompany here: mpany," the designation "L.L.C." or the abbreviation "L.L.C."
mpany," the designation "L.L.C." or the abbreviation "L.L.C."
mpany," the designation "L.L.C." or the abbreviation "L.L.C."
3 Culbreth Drive, Ste. 343
mington, NC 28405
3 Culbreth Drive, Ste. 343
mington, NC 28405
address on our records, enter the name of the
Enter Florida street address
, Florida
iii

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 or removed	Authorized Person(s) authorized to from our records:	manage, enter the title, name, and address	of each person being added
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	JAMES BOEHM	7811 NE 198TH STREET	□ Add
		KENMORE, WA 98028	□ Remove
			Change
MGR	MATTHEW SALSAMENDI	991 S STATE ROAD 7 C12	
		PLANTATION, FL 33317	■ Remove
			Change
			Remove
			Change
			Add
			Remove
			Change
			Change
			Remove
			Changa

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Vactive data if other than the d	orte of filing: (ontions	
an effective date is listed, the date must b	ate of filing:	ig.) Pursuant to 605.02
ocument's effective date on the Dep		ic will not be fisted
e record specifies a delayed of The 90th day after the recor	effective date, but not an effective time, at 12:01 a.m d is filed	on the earlier
The John day Breef the recor	5 .5eG.	Ï
JANUARY 22	2019	
Douglas	gnature of a member or authorized representative of a member	
9 .,,	guardie of a member of adjustice representance of a member	

Page 3 of 3

Filing Fee: \$25.00