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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE	ect: <u>Shaf</u>	SWOAL SUY Name of Lin	nted Liability Company	<del></del>
		Amendment and fee(s) are sub	•	
1 icase i	eturi an correspo	ndence concerning this maker	to the fortowing.	
		Tlien	Name of Person	
			Firm/Company	
		709111 Mair	Address	30. ndy
		JAMOOKale	City/State and Zip Code  A 3 G C Value of to be used for future annual report notion	
		E-mail address: (i	A 3 G Q Valico. ( to be used for future annual report not	fication)
For furt	her information co	oncerning this matter, please ca	all:	
Ma	FIRSON Name of	Person	기 (요리(원공역) 공기 역 : Area Code Daytim	- 9 9 6 7 e Telephone Number
Enclose	d is a check for th	e following amount:		
<b>Ø</b> - <b>\$</b> 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)
	Registra	NG ADDRESS: ation Section a of Corporations	STREET/COURI Registration Section Division of Corporation	ก

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Or	
(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)	PH 2: 51
· · · · · · · · · · · · · · · · · · ·	

The Articles of Organization for this Limited Liability Company were filed on 06/38/3013 and assigned Florida document number 1.120000\$5164

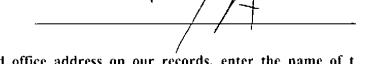
This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "l	L.L.C.
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	-

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)



B. If amending the registered agent and/or registered office address on our records, enter the name of t registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Marie Solange Jean Julien 709 West Main Street 3\$4

Jamokalee Florida 3414 &

## 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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document being filed to merely reflect a change in the registered office address. Thereby 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Act
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ı eff <u>te:</u>	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
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