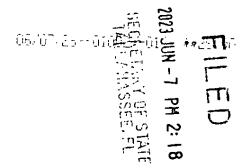
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COVER LETTER

TO: Registration Sectorial Division of Corp.			
SUBJECT:	eg Singleto Namejof Limi	ard L.L.C. ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	V	Singletary Name of Person aletary LLC O Firm/Company	<u>. </u>
	4904 CO	yote Trail Address	
	Chipley, Greasingle Email address: (t	City/State and Zip Code tary 11 Ca Gm Ca o be used for future annual report notifi	ication)
For further information con Kathleen S Greg Single Name of	ncerning this matter, please call nale tany (850 2 tany (850 Person)) 326 6084 a(850) 260	220) 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 enclosed)
Mailing Address:	<u>:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our remitted Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Complete Horida document number # L1200098500		and assigned
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	
Enter new principal offices address, if applicable:		2023 S.E.C. T.Z.
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		-7 PH 2: 18
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>e</u>	nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		, 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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Klint T. mckay	1817 N. Hwy 79 Bonifay, th. 32425	MAdd
	Klint 1. McKery		□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□ Change
	·····		□Add
			□ Remove
			Change
			□Add
			□Remove
			□ Change

	* Adding a member-
	* Holding a member- Klint T. Mckay
-	
n effective date is list <mark>ed, th</mark> te: If the date inserted	than the date of filing:
ecord specifies a delayers filed.	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ied June 7	Signature of a member or authorized representative of a member
U ,	
I A	