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SECRETARY OF STATE

OCT 2 1 2013

T. BROWN

COVER LETTER

TO: Registration Sect Division of Corpo		v	
SUBJECT:	Name of Limit	4th (out - Unit	6A LLC
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Itans	Name of Person	
		Firm/Company	
		Santingo St. Address	
	(ova)	City/State and Zip Code WY 1976 C Yahoo. C be used for future annual/report notification	33134
	NUN o '-	be used for future annual/report notification	0m on)
For further information con	cerning this matter, please ca	all:	
Hung V. Name of F	Jayren Jerson	at (305) 33 8 - 055 6 Area Code & Daytime Te	\ lephone 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:

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

13 OCT 17 ED ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION The Articles of Organization for this Limited Liability Company were filed on Florida document number 112000103707 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR	Viet H. Nguyrn	18634 Mosshill Glates (ypress, 7x 77429	Add	
		(YPress, 1) 77429	Remove	
			Add	
			Remove	
			Add	
			Remove	
			Add	
			Remove	
			Add	
			Remove	
			Add	
			Remove	

). If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	10/11 / 2013
	Signature of a member of authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00