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SECRETARY OF STATE TALLAHA9SEE, FLORIDA

FILED

COVER LETTER

TO: Registration S Division of Co						
SUBJECT: Flo	rida Registration Name of Lim	Services LLC ited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing,				
Please return all corresp	ondence concerning this matter	r to the following:				
		Louis D. Manzella IV.				
		Name of Person	•			
Florida Registration Services LLC						
		Firm/Company				
	6	507 Doubletrace Lane				
	Address					
	Orlando, FL. 32819					
		City/State and Zip Code				
firegsvs@gmail.com E-mail address: (to be used for future annual report notification)						
For further information	concerning this matter, please	•	nouncation)			
L	ou Manzella	at (_407)	489-4658			
Name	of Person	Area Code & D	aytime 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 end	\$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

Florida Registration Services LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)						
The Articles of Organization for this Limited Liability Company were filed onAugust 29, 2012 and assigned Florida document number L12000111321						
This amendment is submitted to amend the follo	wing:					
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:	Louis D. Manzella IV.		<u> </u>			
New Registered Office Address:	6507 Doubletrace Lane		Fig. 2 C			
		Enter Florida street add				
	Orlando	, Florida	© 62819°			
	City		Žip Code			
New Registered Agent's Signature, if changing R	egistered 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 agent the obligations of my position as registered agent as provided for in Chapter 608. E.S. On if this document is

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, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Address</u> **Title** <u>Name</u> **Type of Action** MGR Stephen Sprinkles . 6507 Doubletrace Lane ☐ Add √ Remove Orlando FL 32819 Louis D. Manzella IV. MGRM 6507 Doubletrace Lane ✓ Add Orlando, FL 32819 Remove - Add ☐ Remove Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 10 2012 Dated | Signature of a member or authorized representative of a member Louis D. Manzella IV. Typed or printed name of signee

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Filing Fee: \$25.00