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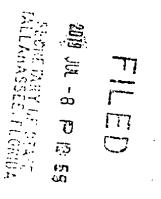
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:

TO: Registration Section Division of Corporat	ions		
SUBJECT: All	Amenican Name of Lim	Home And Grace	den LLC
The enclosed Articles of Amen	dment and fee(s) are sub	mitted for filing.	
Please return all correspondence	e concerning this matter	to the following:	
_	Nesto	Name of Person	
·····		Firm/Company	
	1374	7 FACEHAM Address	RD
	Odes	SSA FL 3355 City/State and Zip Code	6-1750
		nature coast. bi	
For further information concern	ning this matter, please ca	ail:	
Nestor Na Zo	- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·-	at (<u>727)</u> 919 Area Code Daytim	- 3922 e Telephone Number
Enclosed is a check for the following	owing 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 A Registration : Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

(Name of the Limiter)	Y Can Hod Liability Compan A Florida Limited L	ome and y as it now appears of tability Company)	GAGERS:	WEC 8 12: 59
The Articles of Organization for this Limited Lia		were filed on	11 /20/	ASSET assigned BA
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of				
AU American Rec	ords "Limited Liabili	ty Company," the design	gnation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applica (Principal office address MUST BE A STREET				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>80X)</u>			
B. If amending the registered agent and/or the new registered off	ice address here	:	_	
Name of New Registered Agent:		MCSSINA		
New Registered Office Address:	9735	US Hay 19 Enter Florida	street address	
	Port R.	City 1	, Florida _	34668 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			☐ Change
			
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
		Add	
			☐ Remove
			Change
			Add
		☐ Remove	
		-	Change
			Add
			□ Remove
			Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Nestor Natario Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00