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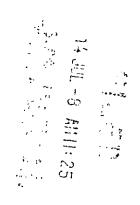
(Requestor's Name)
, ,
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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J. Strivers JUL 0 8 2014.

COVER LETTER

Division of Corp			
SUBJECT:Fi	ony Fy LL	ed Liability Company	
	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Corri	Name of Person	
		LLC Firm/Company	
	80 S Geroni	mo St. Unit la	
	Miramar Beau	h, FL 32550 City/State and Zip Code	<u> </u>
	Finny fy 8 @ E-mail address: (to	o be used for future annual report notificati	ion)
For further information co	ncerning this matter, please ca		
Corris Name of	outve r Person	at (<u>PSD</u>) <u>585 - 538</u> Area Code & Daytime Te	8 O elephone 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Fiony Fy LL	9				
Finny Fy LL(Name of the Limited (A	Florida Limited Lia	as it now appears on ou bility Company)	ir records.)		
The Articles of Organization for this Limited L				<u>⊢</u> and as:	signed
Florida document number Lla000120	1715				
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liabili	ty company here:			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited	d Liability Company," th	e designation "	LLC" or the	abbreviation
Enter new principal offices address, if applic	cable:				
(Principal office address MUST BE A STREE	ET ADDRESS)				
				<u> </u>	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	BOX)			, , ,	******
				20-	\$
B. If amending the registered agent and/ registered agent and/or the new registered o		ce address on our re	cords, <u>enter</u>	the name (of the new
registered agent and/or the new registered o	ince address nere:			- · ·	
Name of New Registered Agent:	Corii	Souther		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	8051	Geronimo St	rida street ad	t b dress	
		Bea Ch			
New Registered Agent's Signature, if changing				-	

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.

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

Title	Name	Address	Type of Action
MGR	Vince Walker	80 S Geronimo St, Unit 6	Add
		Miramar Brach, FL 3255	Remove
MGR	Corri Southor	80 S Geronimo St, Unitles Mira mar Brach, FL 32851	·
			Add Remove

			Add Remove
			Add Remove

, 11 4111	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ed	July 1, 2014
ed	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00