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COVER LETTER

TO: Registration Sect Division of Corpo		
SUBJECT: 6	omar, LLC	284 SEP 1
	Name of Limited Liability Company	— H
		$\overline{\alpha}$
The enclosed Articles of A	mendment and fee(s) are submitted for filing.	7
Please return all correspond	dence concerning this matter to the following:	
	Crystal Marshall	
	Name of Person	
	- Bromar, CCC	
	Firm/Company	
	605 E. Jefferson St	<u> </u>
	Address	
	Brookville F1 34601	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information con	scerning this matter, please call:	
On that A	Januar 352 279-248	7
Name of P	Person Area Code Daytime Telephone No	umber
Enclosed is a check for the	following amount:	
□ \$25.00 Filing Fee	Certificate of Status Certified Copy Cer (additional copy is enclosed) Cert	00 Filing Fee, rtificate of Status & rtified Copy litional 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

'Brona	r. UC	
(<u>Name of the Limited L</u> (A F	jability Company as it now appears on our record lorida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liabil Florida document number L12000 3005		1, 2012 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, <u>enter the new name of the</u>	e limited liability company here:	
The new name must be distinguishable and end with the word	ls "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BO)		
B. If amending the registered agent and/or registered agent and/or the new registered office		s, enter the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	and the second s
New Registered Office Address:		
	Enter Florida street addres	S
_	, Fl	orida 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	Name	Address	Type of Action
MGK=AMBR	Crystal Marshall	23202 Turkey Trother Brooksville F1 34601	Add . Remove
			
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Ciffective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)			社会	SEP
The effective date, if other than the date of filing: (optional) The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)			# 1 to 1	<u>~</u>
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Filing Fee: \$25.00