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S. YOUNG

TELLAHASSELTER

COVER LETTER

TO: Registration Se Division of Con				
SUBJECT:	050	tita LCC		
Sobsect.	<u>~</u>	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Ra	Name of Person		
	0	Jotia LC C Firm/Company		
		Firm/Company		古 整
	2645	NE 707 Strue	zet	16 AUG 15 PM 4: 44
		Address		315
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	2	City/State and Zip Code		÷.
	E-mail address: (City/State and Zip Code City/State and Zip Code Cal Soll Soll	fication)	E S
For further information of	concerning this matter, please c			
Batt	An.	30 t 454	1-9947	
	of Person	at (3 5 Y Y Y Area Code Daytim	ne Telephone Number	
Enclosed is a check for the	he 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 Statu Certified Copy (additional copy is encl	
	ING ADDRESS: ration Section	STREET/COURI Registration Section		
Divisio	on of Corporations ox 6327	Division of Corpo Clifton Building	rations	

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

it oil	ta LLC	<u> </u>
(Name of the Limited L (A F	iability Company as it now appears on outlorida Limited Liability Company)	<u>ır records.</u>)
The Articles of Organization for this Limited Liabil Florida document number <u>L1200013471</u>	·	73/17 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	************************************
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	S PH H: HI
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	_	records, enter the name of the new
New Registered Office Address:	Enter Florida stre	vet address
		, Florida
_	City	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action <u>Title</u> <u>Name</u> Address Sheila S. Hunis 2645 NE 20757 Avertur Fl 33110 MGKM _XAdd ☐ Remove ☐ Change □ Add □ Remove

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