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ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	env as it now appears on our records.)	
(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number LIQCOC 13.7598.	were filed on 10/38/2013	and assigned
Florida document number Class War 13 7 17 8		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
and Saccounting and Manage ine new name must be distinguishable and end with the words "Limited Liab	olity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	FOLL W COMMERCE	cial Blue
(Principal office address MUST-BE A STREET ADDRESS)	Scite 5 CF	
	TAMALICE FI. 33	319
and the second		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of		
registered agent and/or the new registered office address here	<u>e</u> :	FAR AP
		R R
Name of New Registered Agent:		CO. A. TORRES
New Registered Office Address:		
	Enter Florida street address	IN THE
	, 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 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>:

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			☐ Remove
			Add
			□ Remove
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			Remove
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			Add 15 April Rentitive SSST
			The second secon
			☐ Add
			Remove

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(The effective	date, if other than the date of filing: (optional) e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State)
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