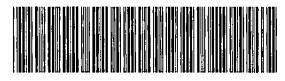
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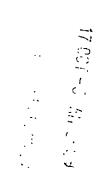
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nam	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

Division of Cor	porations		
SUBJECT: Fle	tcher's D	ited Liability Company	LC_
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Tabitha	Fletcher Name of Person	
	Fletcher	Firm/Company	<u></u>
	3824 W	Illians A	venue
	Jay Fletcher E-mail address: (1	City/State and Zip Code School Code to be used for future annual report notif	@gmail.com
For further information c	oncerning this matter, please ca	all:	•
Frank or Name o	Tabitha Fiet	Chefat (850) 752 Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne 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)

TO:

Registration Section

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

(Name of the Limited Liability Com (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L12000150131</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited li	ny were filed on	and assigned
The new name must be distinguishable and contain the words "Limited Lie		shouthwing of L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		oreviation 1.1.C.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3824 Willian Day, FL 32	us Avenue 565
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street 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 = Aut	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Nick McLaughlin	6316 Fairfield Drive	□ Add
	J	Milton, FL 32570	Remove
			Change
MBR	Hris Brown	6316 Fairfield Drive	•
		Milton, FL 32570	□ Remove
			Change
MGR.	Tabitha M. Fletcher	6316 Fairfield Driv	=
		Milton, FL 3257C	Remove
			 □-Change !
			□ Add
			_⊡ Remove
			Change
			□ Add
			_ 🗆 Remove
			🗆 Change
			□ Add
			_□ Remove
			Claric

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Filing Fee: \$25.00