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S. WARREN JUL 0 5 2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{1300009949}{}$	y were filed on <u>1 - 1 7</u> -	2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	ubmitted to amend the following: me, enter the new name of the limited liability company here: listinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." I offices address, if applicable: liters MUST BE A STREET ADDRESS] address, if applicable: AY BE A POST OFFICE BOX) The registered agent and/or registered office address on our records, enter the name of the new d/or the new registered office address here: Every Registered Agent: ered Office Address: Enter Florida street address Florida City Tip Code	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered of	office address on our reco	rds. enter the name of the new
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Assess		
Name of New Registered Agent.		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	number 13 00000 90 49 submitted to amend the following: ame, enter the new name of the limited liability company here: distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." pal offices address, if applicable: didress MUST BE A STREET ADDRESS) g address, if applicable: MAY BE A POST OFFICE BOX) the registered agent and/or registered office address on our records. enter the name of the new nd/or the new registered office address here: New Registered Agent: istered Office Address: Enter Florida street address	
	, I	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	·	
·	ee to act in this capacity. I performance of my duties, provided for in Chapter 602	and I am familiar with and 5. F.S. Or; if this facument is 1.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective	date, if other than the date of filing: (optional))	
an effecti ote: If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this date	.) Pursuant to 60 will not be lis	5.020' ted as
	's effective date on the Department of State's records.		
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. Oth day after the record is filed.	on the earli	ier o
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_	Signature of a member or authorized representative of a member	17 JUL -	
_	Signature of a member or authorized representative of a member	17 JUL -3 1	TE
ated		17 JUL -3 PH	FILED
_	Signature of a member or authorized representative of a member ROSG HOLA SALIVAS	17 JUL -3 PH 3: 09	FICED

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