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COVER LETTER

TO:	Registration Se Division of Cor		·		
SUBJE	CT:	Carpen Name of Lim	try By Germ	an 11c	
The end	closed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please i	return all correspo	ndence concerning this matter	to the following:		
		Germ	Name of Person		
			Firm/Company		
		14=	5 Kinzly Ro	acl	
			City/State and Zip Code		ACH SI
		E-mail address: (to be used for future annual report notif	ication)	1
For furt	her information ed	oncerning this matter, please ca	all:		ASID: DO
<u>Jor</u>	Name of	Sato	at (904) 576 Area Code Daytimo	- 3486 Telephone Number	an Tibes
Enclose	ed is a check for th	e following amount:			
SZ \$25	.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fe Certificate of S Certified Copy (additional copy is	tatus &

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 Compa (A Florida Limited I	erman 112 ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	145 Kinzly Road Woodbine (14 31569
(Principal office address MUST BE A STREET ADDRESS)	Woodbine GA 31569
Enter new mailing address, if applicable:	145 Kinzly Road Woodbine, GA 315109
(Mailing address MAY BE A POST OFFICE BOX)	Woodbine, GA 31569
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter the name of the new</u> <u>e</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Junathan Soto	145 Kinziy Road	J⊠ /Add
		Woodbine, 4A 3156	9□ Remove
			☐ Change
			Add
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			Remove
			Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
(It an e <u>Note:</u>	ctive date, if other than the date of filing:	
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on earlier on the record is filed.	of:
Dated	d October 29 . 18	
	Signature of a member or authorized representative of a member	
	Cherman Soto	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00