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COVER LETTER

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O: Registration Se Division of Cor							
UBJECT: — AWY	Prican Prest	ice Reseure \	Narning, LLC				
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
ease return all correspo	ondence concerning this matter	to the following:					
	Brandon	Name of Person					
		Firm/Company	<u></u>				
	2436 SN C	algan St.					
	Port St. L	City/State and Zip Code	1953				
		SSUY EMASTER 100 to be used for future annual report not					
or further information c	concerning this matter, please c	all:					
Standen Name o	Herda of Person	at (772) to 2 to Area Code Daytin	- 259 6 ne Telephone Number				
closed is a check for t	he following amount:						
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Addres Registration		<u>Street Address:</u> Registration Se	ction				
Division of Corporations		Division of Co					
P.O. Box 632		The Centre of Tallahassee					
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

he Articles of Organization for this Limited Liability Company were filed on March 12, 2013 and assigned lorida document number L1300037208 his amendment is submitted to amend the following: NIA . If amending name, enter the new name of the limited liability company here: he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) nter new mailing address, if applicable: Mailing address MAY BE A POST OF FICE BOX) . If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here:

Name of New Registered Agent: New Registered Office Address: Enter Florida street address

City

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ecept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

> MA If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

1GR = Manager

MBR = Authorized Member

Address Type of Action itle Name 16R Brandon Herda 2436 SW Calgan St. Port St Lucie F1. 34953 Remove From President Schange 2438 SW Calgar St. DAdd se President Nichola Harda Port St Lucie, F134953 - Remove □ Change \square Add Remove ☐ Change Remove □ Change □Add ☐ Change

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tive date, if other than the fective date is listed, the date mu If the date inserted in this bi nent's effective date on the D	st be specific and cannot be lock does not meet the ap	oplicable statutory			ng.) Pursu	
rd specifies a delayed effectiviled.	e date, but not an effecti	ve time, at 12:01	a.m. on the ear	ier of: (b)	The 90th	day after
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Jan. 20	<u>~~</u>	1				