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COVER LETTER

TO:	Registration Secti Division of Corpo		·				
SUBJI	ECT:	Front Name of Lim	ne Managers, ited Liability Company	LLC			
The en	closed Articles of An	nendment and fee(s) are sub-	mitted for filing.				
Please	return all corresponde	ence concerning this matter	to the following:				
<i>;</i>			Mes Raysbron Name of Person The Managers	ok LLC			
		13194 1	Firm/Company 15 Hwy 301 S Address				
		Rivervie	City/State and Zip Code Cashomes usa © code to be used for future annual report notification.	jmail.com	SEC TALL	16	
For fur		cerning this matter, please ca		cation	ALLASSE ALLASSE	AUG 26	FILE
Englos	Name of Po		at (<u>813</u>) <u>898-</u> Area Code Daytime	2844 Telephone Number	OF STATE E, FLOAIDA	PH 3 01	
		□ \$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	Status &		

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	anagers LLC ny as it now appears on our records Ciability Company)	.)			
The Articles of Organization for this Limited Liability Company Florida document number L\3000054548	(1).61	and assigned			
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	• • •	. 15			
Enter new principal offices address, if applicable:	6223 Water	-Mack Dr. Apt 10 33578-3977			
(Principal office address MUST BE A STREET ADDRESS)	Liverview, FL	33578-3977			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SEC 5			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new			
Name of New Registered Agent:		- 1			
New Registered Office Address:					
Enter Florida street address					
		rida Zip Code			
	City	Elp 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 = Authorized Member **Address Type of Action Title** Name □ Add ☐ Remove ☐ Change _□ Add _□ Remove _□ Change □ Remove _□ Change Remove 5 2 Change STANA THE ☐ Remove _□ Change _ Add □ Remove

_□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) As of August 1, 2016 Chen 1 Ambrosino	
	As of August 1, 2016 Chery 1 Ambrosino is 100% owner of all company stock.	•
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lf an e <u>Note</u> :	tive date, if other than the date of filing:	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.	er of
Dated	August 19, 2016.	
	Signature of a member or authorized representative of a member	
``\		
,	James Raysbrook	

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Filing Fee: \$25.00