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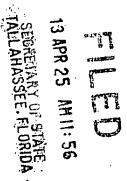
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COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: Todd	WeberLLC		
	Name of Limit	ed Liability Company	
			70 3
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	HASSEE AN
	Todd	Wcbe/ Name of Person	
		Name of Person	ORIOA ORIOA
		Firm/Company	
	206 B S	outhfields Rd Address	
		Address	
	Panama C	City/State and Zip Code	
	Twelver	o be used for future annual report notification	
	E-mail address. (to	o be used for future annual report notification	on)
For further information con	cerning this matter, please co	all:	
Todd Wdb	e (at (<u>850)</u> <u>855-6172</u> Area Code & Daytime Te	
Name of P	erson	Area Code & Daytime Te	tephone Number
Enclosed is a check for the	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)

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

Todd Weber LLC	_	PR PR
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our	records.
		Chi I
The Articles of Organization for this Limited Liability Company	were filed on April 1	7 2013 Saind assigned
Florida document number <u>L13000056668</u> .		ORDA CO
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Todd Weber Jr. LLC		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	206 \$ South	fields Rd
(Principal office address MUST BE A STREET ADDRESS)	Parama City F	Jeach FL 32413
Enter new mailing address, if applicable:	206 Southfield	dsRd
(Mailing address MAY BE A POST OFFICE BOX)	Panama City B	ds Rd each FL 32413
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	ida 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member			
<u>Title</u>	Name	Address	Type of Action
,			Add
	·		Remove
			Add
			Remove
			Kemove
			L Add
			Remove
<u></u>			Add
			Remove
			
			Add
			Remove
			Add
			
			Remove

If amending any o	other information, enter change(s) here: (Attach additional sheets, if necessary.)
-d	
	PHILL.
- 	Signature of a member or authorized representative of a member
	Todd Webe (Typed or printed name of signee
	r yped of printed fiathe of signee

Page 3 of 3

Filing Fee: \$25.00