

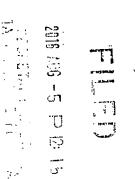
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COVER LETTER

'Division' of Corporations	
SUBJECT: AA PROPERTY OF WITTER Name of Limited Liability Company	1 Springs LC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Angelo Sx Name of Perso	Inchtz
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100 LISA LOOP Address	
unter spring	> FL 32708
Avge 105 6 be// E-mail address: (to be used for future a	South Not
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For further information concerning this matter, please call:	
Angelo SANCHEZ at 407 Name of Person Area Code	7,474-9425
Enclosed is a check for the following amount:	75
\$25.00 Filing Fee \$\text{Certificate of Status}\$ \$55.00 Filing Certified Co (additional cop)	ppy Certificate of Status &

MAILING ADDRESS:

TO:

Registration Section

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

AA Kroperk	ios of W	unton s	Dung	5/60		
(Name of the Limite	d Liability Compas A Florida Limited L	ny as it now apr	cars on our re	cords.)		
The Articles of Organization for this Limited Lia Florida document number <u>L13060059</u>	ability Company			<i>7013</i>	and assig	gned
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liabi	lity company	here:			
				5		
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," th	ne designation "	'LLC" or the af	breviation3'L.L.	.C."
Enter new principal offices address, if applica	ıble:				77	-
(Principal office address MUST BE A STREE)	Γ ADDRESS)					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
					5 D 12	
Enter new mailing address, if applicable:					* *	
(Mailing address MAY BE A POST OFFICE I	3 <i>OX</i>)			· · · · · · · · · · · · · · · · · · ·	75, 0	
B. If amending the registered agent and/or the new registered off			on our rec	ords, <u>enter</u>	the name o	of the nev
Name of New Registered Agent:	An	1 <u>Gelo</u>	SANK	HEZ		
New Registered Office Address:	100	USA Enter	LOOP Florida sireei ad	ddress		
	WINHE	en Spn	ings	,, Florida	FC 327 Zip Code	108

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address E/ 27706	Type of Action
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		Angelena taylor	Remove
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Filing Fee: \$25.00