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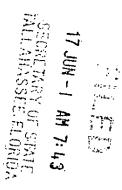
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JUN 0 1 2017 J SHIVERS

COVER LETTER

TO: **Registration Section Division of Corporations** The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount: \$25.00 Filing Fee \$55.00 Filing Fee & \$30.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

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 Company as Florida Limited Liability	now appears on our reco	ords.)	_
The Articles of Organization for this Limited Liab	oility Company were	J	/	d assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability co	ompany here:		
The new name must be distinguishable and contain the work	ds "Limited Liability Con	npany," the designation "L	LC" or the abbreviatio	n "L.L.C."
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>			
			- Pi	-
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		ddress on our reco	rds, enter the na	mecof the new
New Registered Office Address:	1820 5.	Florida	Durie	7 57
	LAKELA	Enter Florida street add	ress Florida 38	₩. 2 <u>03</u> ode

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mare	Ray KRIBODALIDI	5135 FORESTBEOK DR. N	Æ Add
		LAKITAND FL 3381	Remove
NOR	WADE ALTMAN	1820 S. Florida Aue.	Add
		1820 S. Fhoreign Aue. LAKEEpne, FL. 33803	Remove
	<i>,</i>		Change
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ective date, if other effective date is listed. e: If the date inserteument's effective date	, the date must he speced in this block doe ate on the Department	cific and cannots not meet the central of State	not be prior the applications of the seconds.	o date of file ble statuto	ry filing re	han 90 days quirements.	this date v	vill not	be list	ted a
record specifies he 90th day afte	a delayed effec er the record is	tive date filed.	, but not	an effec	tive time	e, at 12:{	11 a.m. c	n the	earli	er
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Page 3 of 3

Filing Fee: \$25.00