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COVER LETTER

TO: Registration Sec Division of Corp		•	
SUBJECT: The.	Pdroi 4 Gree Name of Limite	ed Lubrity Company	
The enclosed Articles of A	mendment and feets) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	Rose A. V	Name of Person	
	The Adricia	Firm Company	
	4128 Pate	e Pond Road	,
	Yearnon	FL 32462 City State and Zip Code	
	SVIDSONG ?	be used for surface annual report notificat	<u>(v)</u>
	ncerning this matter, please cal		
Rose Six	ane Vinso	5)), at (<u>\$50)</u> <u>636 - (</u> Area Code — Daytime Te	Collaboration 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 Fec. 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 Taffahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

(Name of the Limited Lind (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on June 10, 2013 and assigned
Florida document number <u>L130000830</u>	72
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the b	
The new name must be distinguishable and contain the words "I	united Liability Company," the designation "LLC" or the abbre action "L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable:	6
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I turther 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR.	Joseph D. Vinson	1420-CS. Dorahue Dr	p Add
		1420-CS. Dorahue Dr Alaburn Al 310832	□ Remove
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f an effective date is I <u>Note:</u> If the date ii	other than the date of filing:sted, the date must be specific and cannot serted in this block does not meet the date on the Department of State's:	be prior to date of filing e applicable statutory	or more than 90 days after f	iling.) Pursuant to 605.02
	ies a delayed effective date, lafter the record is filed.	but not an effectiv	ve time, at 12:01 a.	m, on the earlier
Outed JUD	e_272			
رق ا	Signature of a member	Or authorized represents	itive of a member	
	ose A Vivi so			

Page 3 of 3

Filing Fee: \$25.00