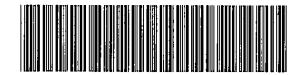
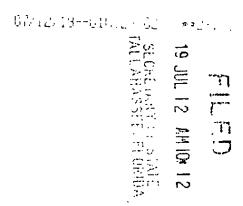
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COVER LETTER

COVEREETER
TO: Registration Section Division of Corporations
SUBJECT: Hame of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Javiris Williams Name of Person
Firm/Company
1131 NW 179 AVE
Pambrore Pines Fl 33029.
VADIS a WILLIAMS @ COMMIN. COM
For further information concerning this matter, please call:
TAVARIS WILLIAMS at A541 235 - 0897, Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status S55.00 Filing Fee Scrifficate of Status Certificate of Status Status Status Scrifficate of Status Stat

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

The state of the s
The Articles of Organization for this Limited Liability Company were filed on <u>FLO21CQ</u> and assigned Florida document number <u>L. 1.3.0.00</u> & 32.32
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Perincipal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: AVALIS X XIIIIX .
New Registered Office Address: Enter Florida street address
Rembyove Pines. Florida 33029

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

Title Name DIVOIRIS WILLIAMS 1131 NW 179 ALEDAN Pembrace Pines Change AMBR Vonessa Gonzalez Rembrace Pina FL ☐ Remove Change □ Add ☐ Change ☐ Remove □ Change ☐ Remove ☐ Change

	
	
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Effective date, if other than the date of filing:	otional) fier filing.) Pursuant to 605,0207 (3xl this date will not be listed as the
the record specifies a delayed effective date, but not an effective time, at 12:03). The 90th day after the record is filed.	1 a.m. on the earlier of:
Dated 7 1 209	

Page 3 of 3

Filing Fee: \$25.00