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· COVER LETTER

MAILING ADDRESS:

TO:

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

Sercial Tree Name of the Limited Liab (A Flor	ollity Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L130001099</u>		13 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the a	ibbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regressistered agent and/or the new registered office ac		the name of the new
Name of New Registered Agent:		重 西 町
New Registered Office Address:	Enter Florida street address	20
	, Florida	
	City	Zin Code
New Registered Agent's Signature if changing Register	red Agent:	3 11

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 = Authorized Member Title **Address Type of Action** <u>Name</u> MGA Joseph CASAMOVA 11641 SW 98 ST 33176 - Remove ☐ Change ☐ Add ☐ Remove ☐ Change _□ Add □ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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fective date, if other than the date of an effective date is listed, the date must be specote: If the date inserted in this block doe becoment's effective date on the Departme	rific and cannot be prior to o s not meet the applicabl	date of filing or more tha		
		in effective time,	at 12:01 a.m. c	on the earlier
	meu.			
The 90th day after the record is	7 <u>2017</u>	?		NOV 7 NOV
The 90th day after the record is ated November 7	. <u>2017</u>			7 NOV 20
e record specifies a delayed effect The 90th day after the record is ated November 7	•		ember	NOV 20 AH 8

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