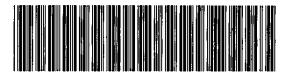
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OCT 2.3 2015 J. HARRIS

## COVER LETTER

The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Substantial Address  Substant			
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	5cā	T Con und	<del></del>
	<u> </u>	nvestmentsa Firm/Company	Acquisitions LLC
	<u>1830 01</u>	Address	<del></del>
	Seml	City/State and Zip Code	
	E-mail address: (	to be used for future annual report noting	nication)
For further information co	oncerning this matter, please c	all:	
S cott Name of	CONARA	at (727) 290 Area Code Daytime	e Telephone Number
Enclosed is a check for th	e following amount:		
☐ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>

#### **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

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our I Liability Company)	records.		
The Articles of Organization for this Limited Liability Companies Florida document number 12 000 132448	y were filed onQ	12013 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	n "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	Alu	<u>&gt;</u>		
(Principal office address MUST BE A STREET ADDRESS)		75 O		
Enter new mailing address, if applicable:	N/A			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he  Name of New Registered Agent:		ecords, <u>enter the name of the new</u>		
New Registered Office Address:	Enter Florida street	address		
<del></del>	, Florida			
New Registered Agent's Signature, if changing Registered Agent	City <u>t:</u>	Zip Code		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet				

If Changing Registered Agent, Signature of New Registered Agent

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 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** Name **Address Type of Action** \_□ Change □ Add ☐ Remove ☐ Change \_□ Remove \_\_\_\_\_ Change □ Add Zilliove Remove Remove Add September 1 N ☐ Remove \_□ Change \_□ Add \_ | Remove

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ocume	nt's effective date on the Department of State's records.		
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.r Oth day after the record is filed.	n. on the earli	er of
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	Signature of a member or authorized representative of a member	2015 TALL	
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	Typed or printed name of signee	- 25 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2	
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Filing Fee: \$25.00