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TO: Registration Son Division of Con		,	•
SUBJECT: Rag	navock Quarri	1 Online LLC	·
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Richard	Witchek Name of Person	
	<u>Pagnarock</u>	Ocarry On line Firm/Company	LLL
	3505 Lake 1	Lynda Dr. Suite	<u>237</u>
	Orlando F richard 6 b	City/State and Zip Code UC · CV to be used for future annual report notif	lication)
For further information of	concerning this matter, please ca		,
Propert Name of	Mitcher of Person	at (<u>407</u>) <u>733- 2</u> Area Code Daytime	E Telephone Number
Enclosed is a check for t	he following amount:		声S 声S 一音
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status Certified Copy (additional copy) Certified C
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	ER ADDRESS:

ARTICLES OF ORGANIZATION OF

<u>Konarok G</u>	varry O	nline L	.CC	<u></u>
Name of the Limited	Florida Limited Liabil	lity Company)	our recorus.)	
The Articles of Organization for this Limited Liab Florida document number <u>L130001350</u>		re filed onQ	- <u>24 - 2013</u> a	nd assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability	company here:		
		-		
The new name must be distinguishable and end with the wo	ords "Limited Liability	Company," the design	nation "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicab	ole: <u>(</u>	JIA		
(Principal office address MUST BE A STREET.	ADDRESS)			7.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		SIA	SECRETARY TALL AHASS	14 000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our	records, enter the n	ame of the new
Name of New Registered Agent:	Anthon	1 Carter		
New Registered Office Address:	12472 6	ke Under Enter Florida sti	hill Rd Suite	471
	Orlando		, Florida _ <i>3</i> 28	3e
•		City	Zip	Code
New Registered Agent's Signature, if changing Reg	eistered Agent:			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper				

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, Lhereby confirm that the limited liability

company has been notified in writing of this change.

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Richard Witcher	3505 Lake Lynda Dr.	Add
		Suite 237	Remove
		Orlando FL 32817	
MGR	Anthony Carter	12472 Lake Underhill Rd	
		Svite 471	Remove
		Orlando FL 32828	
			□ Remove
		<u> </u>	- - -
		FALL AHASSEE FLORIDA	
			€ Remove
		OR CONTRACTOR OF STATE OF STAT	<u>S</u>
			Add
			□ Remove
			
			Add
			□ Remove

		
fective date, if other than the date of i	filing:	(optional)
Fective date, if other than the date of the effective date must be specific, cannot be prior the date this document is filed by the Florida Depa	to date of receipt or filed date and can	(optional) not be more than 90 days after
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e effective date must be specific, cannot be prior	to date of receipt or filed date and can	(optional) not be more than 90 days after

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SECRETARY OF STALL