L13000139793

| (Re | questor's Name) | |
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| (Ad | dress) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO: Registration Section
Division of Corporations

SURIFCT.

Nat Coff

Name 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:

| Michael Yates | | |
|--|--|--|
| Name of Person | | |
| Nat Coff | | |
| Firm/Company | | |
| 5687 Akra Ave. | | |
| Address | | |
| Jacksonville FI 32205 | | |
| City/State and Zip Code | | |
| michaelyates23@yahoo.com | | |
| E-mail address: (to be used for future annual report notification) | | |

For further information concerning this matter, please call:

Michael Yates

.,904.

237-5377

Name of Person

Area Code

Daytime Telephone 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 Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

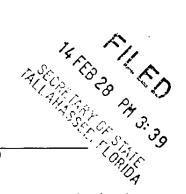
MAILING ADDRESS:

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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Nat Coff Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Oct. 03 2013 and assigned Florida document number L13000139793 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 5687 Akra Ave. Jacksonville Fla. 32205 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

| MGR = ' M AMBR = A | anager uthorized Member | | |
|-----------------------|----------------------------|--|--------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGR | Daba-Koffi H.Degbadzor | 6251 Argyle Forest Blve | d_□ _{Add} |
| | | Jacksonville Fla 32210 | ■ Remove |
| MGR | Michael Yates | 5687 Akra Ave | ■ Add |
| | | Jacksonville Fla 32205 | □ Remove |
| | | | |
| | | ,,,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Add |
| | | | □ Remove |
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| . <u>N/A</u> | | |
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| | NI/A | |
| | ner than the date of filing: N/A e specific, cannot be prior to date of receipt or filed date and cannot be filed by the Florida Department of State) | (optional) ot be more than 90 days after |
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| | - op, | ot be more than 90 days after |

Page 3 of 3

Filing Fee: \$25.00