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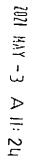
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name of Limited Liability Con	<u> </u>
The enclosed Articles of Amendment and fee(s) are submitted for filing	
Please return all correspondence concerning this matter to the following	g.
Shawh Toll	Cly
	pany
102411 CUUS Address	eas Hwy
LISA O SUNCIO	alfactury.com
For further information concerning this matter, please call:	
Name of Person at (3C)	Ode Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{cardditional ed}\$	
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Section Division of Corporations The Centre of Tallahassee 415 N. Monroe Street, Suite 810 Callahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	1819, LIC	
(<u>Name of the Limited</u> (A	Liability Company as it now appears on Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab Florida document number <u>L1300014</u>		-L143 and assigned
This amendment is submitted to amend the follow	zing:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:	*	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or regi	stered office address on our record	S. enter the name of the new registered
agent and/or the new registered office address h	iere:	of enter the name of the new registered
Nama of Non Device and A		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	
	rmer r wyaa sire	vel address
-	Ciu	, Florida
ew Registered Agent's Signature, if changing Regi	stered Agent:	
hereby accept the appointment as registered approvisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region on pany has been notified in writing of this cha	ind complete performance of my di ed agent as provided for in Chapte istered office address. I hereby con	uties, and I am familiar with and
	If Changing Registered Agent, Sig	nature 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

<u>Title</u>	Name	Address	Type of Action
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		i 102411 aunseus 40 Key largo, PC 3303	Remove
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is filed.	cifies a delay	ed effective d	ate, but not	an effectiv	e time, at 12.	:01 a.m. on t	he earlier of:	(b) The 9	Oth day af	ter the
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				<i>]</i>	/	•			A II:	· · · · · · · · · · · · · · · · · · ·
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Filing Fee: \$25.00