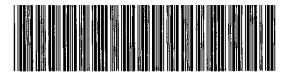
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: 10 A	Name of Lim	Two Institution Lited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	LUSS 72	am i rel	
	Bes Ti	Firm/Company	Aprisocrate Inc
		Firm/Company	
	1720 W	FAITFIELD DE 5	1/e 302
		Address	
	PINSA	1.1. H 325.	0/
		City/State and Zip Code	
	Lus Bes Amail address: (City/State and Zip Code Tringuis Services to be used for future annual report notif	r. Comication)
For further information co	oncerning this matter, please ca		
1015	Daminez	ate Code Daytime	6841
Name of	Person	Area Code Daytime	: 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)	□ \$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

IONY CARpel In	STALLALION LLC
✓(<u>Name of the Lingifed Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1/3 0001 45 744	were filed on $10/22/2013$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Ja27 W Avery ST Pausmila FL 32TOS
(Principal office address MUST BE A STREET ADDRESS)	Gensmila FL 32505
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u> B. If amending the registered agent and/or registered of registered agent and/or here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		LAVATTE FL 32166	Remove
			Change
<u> </u>			Add
			☐ Remove
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an ef Note:	ive date, if other than the date of filing: 7/20) fective date is listed, the date must be specific and cannot be prior to date of f If the date inserted in this block does not meet the applicable statut ment's effective date on the Department of State's records.	ling or more than 90 days a	otional) fler filing.) this date v	Pursuant vill not b	to 605. e liste
ro	cord specifies a delayed effective date, but not an effe	ective time, at 12:0	1 a.m. n	n the a	earlier
The	e 90th day after the record is filed.	come, at all to		5	
ated	July 30 , 2015				
ί					
		sentative of a member			
	Signature of a member or authorized repre	semante of a memoer			

Page 3 of 3

Filing Fee: \$25.00