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T. BROWN

COVER LETTER,

TO: Registration Section Division of Corpora	i tions		, ,
SUBJECT: DELY	Name of Limite	ET, LLCe ed Liability Company	
The enclosed Articles of Ame	ndment and fee(s) are subm	nitted for filing.	
Please return all corresponder	ce concerning this matter to	o the following:	
-	Eld	EN E. YORK Name of Person	
_		Firm/Company	
-	3610 SURS	SIDE TOR Address	
-	PORT C	Orouge, FL 3 City/State and Zip Code	32127
_	eyork	be used for future annual report notification	\cap
For further information conce	rning this matter, please cal	l:	
Eldtn E Name of Per	S YORK	at (<u>3)5</u> <u>439 - C</u> Area Code Daytime Te	0327 lephone Number
Enclosed is a check for the fo	Howing 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

, ,	OF	"Ju "En
	CEY STREET lity Company as it now appears of da Limited Liability Company)	on our records.) All Arthur Sec. 5/5/10.45
The Articles of Organization for this Limited Liability Florida document number <u>L13 B00161</u>	Company were filed on <u>NO</u>	(O):(E
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here	:
The new name must be distinguishable and end with the words "I Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD		signation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	2	our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	a 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 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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	KAREN A YORK	3610 Surfsive Terrace	D Add
		PT. Orange, FL 32127	Remove
AMBR	EldEN E YORK	3610 Surfside Terrace	Add
		PT Oronge, FL 32127	□ Remove
			Add
			□ Remove
			Add
			Remove
·			🗖 Add
			C Remove
***************************************			Add
			Remove

D. If amending any other information	on, enter change(s) here: (Attach additional sh	neets, if necessary.)
AHENDING OC	xxxship Percourage To	
	EldENE YORK	100% ownership
	KAVEW A YORK	100% ownership
E. Effective date, if other than the da (The effective date must be specific, cannot	ate of filing:	(optional) than 90 days after
the date this document is filed by the Florid Dated TWF, 30	da Department of State)	
XAL	WM Wall	
- // Cas	ghature of a member or authorized representative of a me	ember
	Typed or printed name of signee	

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Filing Fee: \$25.00