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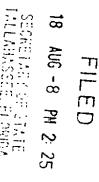
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## **COVER LETTER**

TO: Registration Section Division of Corpo			
SUBJECT: Prud	<u> </u>	inentes Ld ted Liability Company	<u>C</u>
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	_ darry	Odwan Name of Person	
		SN IM. L Firm/Company	
		NC Concourse,	# 578
· ,	Bay	Herbor	Islands
•	E-mail address: (to	City/State and Zip Code  / 5 4  o be used for future annual report notif	Islands Wasulting @ Yahoo.
For further information con-	cerning this matter, please ca	11:	· ·
Larry of Po	<u>Situan</u>	at (305) 86	7 - 1228 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, FI. 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

The Articles of Organization for this Limited Liability Company were filed on Florida document number $21400011450$	01. 15. 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
he new name must be distinguishable and contain the words "Limited Liability Company," the	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1.325 1.325 1.325
Principal office address MUST BE A STREET ADDRESS)	題馬亚
	2
• ,	響えり
Enter new mailing address, if applicable:	Ş. 2
Mailing address MAY BE A POST OFFICE BOX)	25 10 A
4	

### New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida \_

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> **Address** Type of Action □ Add □ Remove ☐ Change \_D Add 쯍 ☐ Remove 25 ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add □ Remove \_□ Change

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Filing Fee: \$25.00