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2018 OCT -S AMII: 10

S. PRATHER

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	INKHUKE FO	E + TCL UC	
The enclosed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Nicole F	VI tWett Name of Person	
	Driketu	K FI/E + ITCE L Firm/Company	ic
	1672 Col	In Are pagadai	Deco-
	Mio	Mi Brach City/State and Zip Code	FL 33139
	E-mail address: (i	City/State and Zip Code Pri + Cuett (e. 9) to be used for future annual report notifi	maul. Com ication)
For further information co	oncerning this matter, please ca	all:	
Nicole Name of	Prituett Person	at (305) 297 Area Code Daytime	8534 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

The Articles of Organization for this Limited Lia Florida document numberL400028 This amendment is submitted to amend the follo	d Liability Comp A Florida Limited ability Compan	pany as it now appears on Liability Company)		1018 OCT -5 MIL: 10	
A. If amending name, enter the new name of		bility company here:			
The new name must be distinguishable and contain the wo	X	-			
Enter new principal offices address, if applica (Principal office address MUST BE A STREE) Enter new mailing address, if applicable:		*	<u> </u>		<u> </u>
(Mailing address MAY BE A POST OFFICE E	3 <i>0X</i>)				
B. If amending the registered agent and/oregistered agent and/or the new registered off Name of New Registered Agent: New Registered Office Address:	S,			-	the new
			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.

K

If Changing Registered Agent, <u>Signature of New Registered Agent</u>

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
AMBIZ	Megan Danilovic	124 NE1111 1 5+ Miani SHores, 33161	Add
			🗆 Remove
			☐ Change
			🗖 Add
			Remove
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			Remove
			Change

Effective date, if other than the date of filling: Sept Zole (optional)	_
fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the eartheapth day after the record is filed.	_
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Signature of a member or authorized representative of a member	
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Filing Fee: \$25.00