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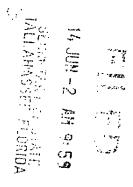
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COVER LETTER

то:	Registration Division of C	
SUBJE	СТ:	Name of Limited Liability Company
		Name of Limited Liability Company
The end	losed Articles	of Amendment and fee(s) are submitted for filing.
Please r	eturn all corres	spondence concerning this matter to the following:
		RONALD J. STURTECKY Name of Person
		Name of Person
		Firm/Company
		4957 VILERDY ST.
		4957 VICEROY ST. Address
		CAPE LORAL, FL. 33904 City/State and Zip Code
		SILVER AIRO O GMAIL, COM E-mail address: (to be used for future annual report notification)
For furt	ther informatio	n concerning this matter, please call:
R	ONALD :	at (239) 878 9858 the of Person Area Code Daytime Telephone Number
	Nam	e of Person Area Code Daytime Telephone Number
Enclose	ed is a check fo	or the following amount:
□ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Status Status Scrifficate of Status Certified Copy (additional copy is enclosed) S60.00 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

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company	y were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Limited Lia	ability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		PR F
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	FT
		<u>n</u> 5
		žė o
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		ecords, enter the name of the
Name of New Registered Agent:	 	
New Registered Office Address:	Enter Florida street	address
	Liner Provide Street	
	City	, Florida

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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>m</u>	ADVANTA IRA TRUS	THE 1520 ROYAL I	PALM Add
		5Q BLVD 320	Remove
		FORT MYERS, FL. 339	19
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Filing Fee: \$25.00

TALLAHASSEE FORMS.