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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

n. BRUCE MAY 15 2017

COVER LETTER

Division of Corporations
SUBJECT: Mathe of Limited Liability Company Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Mathew Murphy
Name of Person Firm/Company
161080 Eastwood acres rd
FORT MILL 33905 Fin State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Marie of Person at (29 440 2815) Area Code Daytime Telephone Number 10
Enclosed is a check for the following amount:
\$25.00 Filing Fee \times S30.00 Filing Fee \times Certificate of Status \times Certified Copy (additional copy is enclosed) \times S60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

· TO:

Registration Section

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 Liability Company were filed on Florida document number <u>L</u>14 000 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 = Ma $AMBR = Au$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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The 90th day after the					
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Page 3 of 3

Filing Fee: \$25.00