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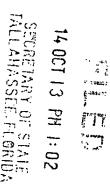
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TO: Registration Section Division of Corpora		(6)	• •
SUBJECT: ON+ an	malca Ontine Name of Limit	CCC ted Liability Company	
The enclosed Articles of Ame	ndment and fee(s) are subn	nitted for filing.	
Please return all corresponden	ce concerning this matter t	o the following:	
_	Chanel T	Name of Person	
_	Ontamalca	On line CC Firm/Company	
_	eggg Nw	89th Aue Uni Address	1 13
_	Medley EL	33178 City/State and Zip Code 37 9 GMail . Con o be used for future annual repor	
_	Chanel talley & E-mail address! (to	be used for future annual repor	1 notification)
For further information conce	ming this matter, please ca	11:	
Chanel To Name of Pers	on	at (305) 87 Area Code Di	7-063 Sytime Telephone Number
Enclosed is a check for the fol	lowing amount:		
1 \$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 ORGANIZATION OF

(Name of the Limited	Mine U.C. Liability Company as it now appears on ou Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liab		
Florida document number <u>L 19 0000 7107</u>	32	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
NIA		
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the designate	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le: NIA	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:	NIA	14 OCT 13
(Mailing address MAY BE A POST OFFICE BO		E O H ITT
B. If amending the registered agent and/or registered agent and/or the new registered offic		records, enter the name of the new
Name of New Registered Agent:	Anthony Carter	
New Registered Office Address:	12472 Lake Under hill Enter Florida street	Pc) Suite 471
	Orlando City	, Florida <u>32828</u> Zip Code
Now Desistand Agent's Signature if shanging Dec	ristored Agent:	

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Chanel Talley	9999 NW BOTH Ave	
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		Medley FL 33178	1981, 21., 1
Mar	Anthony Carter	12472 Lake Underhill 6	2cl Madd
		Suite 471	☐ Remove
		Orlando FL 32828	
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