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COVER LETTER

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Firm/Company 450 January R. N. Ste 420 Address Address Ad	Limberty Reed
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MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section

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 (A Florida Li	Company as it how appears on our mited Liability Company)	records.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L14 C000 8 3151</u> .	npany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		(2)
(Principal office address MUST BE A STREET ADDRES	<u>(SS)</u>	Section 1979
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ARY OF STATE STEEL STATE ORIDA
B. If amending the registered agent and/or register registered agent and/or the new registered office address		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
	Citv	, 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 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 **Title** Name 1 **Address Type of Action** ROSS PUZZITIEUS 4153 Arlington DR. DAdd
Palm Harbor FL Memove 34685 ☐ Change 4501 Paniani Pr. N MGR Kimberly REED ☐ Remove aples FL 34103 Change ☐ Add ☐ Remove □ Change □ Add ☐ Remove Change ☐ Add □ Remove ☐ Change ٥ Ū $\vec{\omega}$ □ Remove ☐ Change 🦋

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	•	
(If an e Note:	tive date, if other than the date of filing: 7-20-10 (optional) fective 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 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.	
Dated	7-20 2016. Yenderly Read	

Page 3 of 3

Filing Fee: \$25.00