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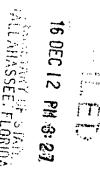
(Re	equestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: Fal	oles Calerino Name of Limit	Such Liability Company	<u></u>
The enclosed Articles of Am			
Please return all corresponde	ence concerning this matter to	to the following:	
	Cassie	e M. Ly can	
	Tubles	Name of Person Catoring : Such Firm/Company	
		138 th AVE	
	Mica	NAPY LTL 32(667 City/State and Zip Code	<u>. </u>
-	F-mail address: (to	ering objection	cation)
For further information conc	eerning this matter, please ca	ll:	
Casse M, Name of Po	erson	at (352) 281 - Area Code Daytime	7392 Telephone Number
Enclosed is a check for the f	ollowing 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

Fables (ate	ring Such
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number	ompany were filed on 10/20/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ited 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 ADDR	(ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office additional actions and the registered office additional actions are registered agent and/or the new registered office additional actions are registered agent and/or the new registered office additional actions are registered agent and/or the new registered agent and/or the new registered agent agen	tered office address on our records, enter the name of the new
N CN P ' IA	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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.

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** <u>Address</u> Type of Action **Name** □ Add 32667 ☐ Change Amarda Bisson 1936 NE 7th St Gainesville the Remove 32600 ☐ Change \square Λ dd ☐ Remove ☐ Change ☐ Remove □ Change □ Add ☐ Remove ☐ Change

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
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If an effective Note: If the	date, if other than the date of filing: e 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 are date inserted in this block does not meet the applicable statutory filing requirements, this date will be listed as a seffective date on the Department of State's records.
he record The 90t	I specifies a delayed effective date, but not an effective time, at 12:01 a month of the day after the record is filed.
Dated	December 16th 2016.
-	Signature of a member or authorized representative of a member
	CASSIE LYCAN

Page 3 of 3

Filing Fee: \$25.00