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K. SALY SEP 1 8 2017

COVER LETTER

TO: Registration Section Division of Corporations	
30b)Ec1	imited Liability Company
	Salarity Company
The enclosed Articles of Amendment and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this mat	er to the following:
M: chae	Williamser
Wynwoo	Name of Person ATTIME Name of Person
34) E	Firm/Company 65 St Apt. SRE
Newsit	oru, NY 10005
M: Mell	City/State and Zip Code William & CCASS . City . A C . UU (to be used for future annual report notification)
For further information concerning this matter, please	
Michael Williamser	at (740) 808 - 8045 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	Area code Payante receptone Author
□ \$25.00 Filing Fee Scale States	S55.00 Filing Fee & S60.00 Filing Fee, 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 ARTICLES OF ORGANIZATION

2017 SEP 15 PH 12: 14

of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \bigcirc 1400011 Would Florida document number __[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 Florida 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	If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add					
or removed from our records; MGR = Manager AMBR = Authorized Member		· ;	2017 SEP 15 PH 12: 14 Address Type of Action			
<u>Title</u>	<u>Name</u>		Address	ALLAHASSTI, FLORID	Lype of Action	
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ownership offile Change
"New" !
Michael Williamson 2500
Carla Pasha Murjorgo Guraha 2506
Blanca Guirola 50%
Y: Ja
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specificand cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.
Dated Sept. 1
Signature of a member or aithorized representative of a member
Michael Williamson
Typed or printed name of signee
Page 3 of 3

Filing Fee: \$25.00