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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Rame of Limited Liability Company, LLC.
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Richard D. McLraw
Richardsonand Company, UC
411 N. Disston Avenue
Florida 32778 City/State and Zip Code
E-mail address: (to/be used for future annual report notification)
For further information concerning this matter, please call:
Jordan A 10000 at 407 488-3727 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$25.00 Filing Fee & \$25.00 F

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

1

Wohardson & Ce	moany, C.C.C
(Name of the Limited Liability (A Florida Li	Company as it dow appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>30026611621</u>	npany were filed on <u>Nowwell 3, 2014</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited</u>	d liability company here:
The new name must be distinguishable and end with the words "Limite	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRES	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records, enter the name of the new is here:
Name of New Registered Agent: New Registered Office Address:	Whard D. Mc Graw N. District Avenue Enter Florida street address 1. 22778
_1.42	City, Florida 32 / 8 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

MGR ± Manager AMBR = Authorized Member Title Name **Address Type of Action** Richard D. McGraw 411 N. Disston □ Add □ Remove ☐ Add ☐ Remove ☐ Remove □ Add ☐ Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

Authorized Member being added or removed from our records:

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as he u	rain registered as agen	A.
	Hanford.	
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effective date must be specific date this document is filed by	c, cannot be prior to date of receipt or filed date and cannot be mo	re than 90 days after

Page 3 of 3

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