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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Corporate Filing Menu

Help

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| e Articles of Organization for this Limited Liability Companies | ny ware filed on November 26, 2014 and assigned |
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| is amendment is submitted to amend the following: | |
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| new name must be distinguishable and contain the words "Limited Lie | ability Company," the designation "LLLC" or the abbreviation "LLL.C." |
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| | office address on our records, enter the name of the |
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| Name of New Registered Agent: | |
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New Registered Agent's Signature, if changing Registered Agenti

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

Page 1 of 3

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

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