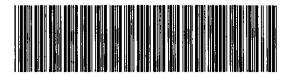
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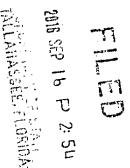
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COVER LETTER

TO:	Registration Secti Division of Corpo			'5		
SUBJI	ECT:	LB LEE L Name of Limi	ted Liability Company			
The en	closed Articles of Ar	nendment and fee(s) are subr	mitted for filing.			
Please	return all correspond	ence concerning this matter t	to the following:			
			LINDA LEE			
	ı		Name of Person			
			Firm/Company			
		VI I		L		
		10	4h loth Strue Address	1	_	
			Sarasota F	1 34236	_	
			City/State and Zip Code	TOLOUT LOT		
		E-mail address: (t	O be used for future annual re	port notification)	2016	, stra willians
For fu	rther information con	cerning this matter, please ca	dl:	A. A	93S	
	Uni	DA LEE	at (_941_)	187-6981	-	
	Name of P	erson	Area Code	Daytime Telephone Numb	2: 5L	Ů
Enclos	sed is a check for the	following amount:		•		
□ \$ 2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certific (sed) Certific	Filing Fee cate of Stated Copy al copy is ea	atus &

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**

LB LEE	, uc		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company v Florida document number	. 1 1	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
ALIGNSRQ.	ue		
The new name must be distinguishable and contain the words "Limited Liabili	y Company," the designation "LLC" or the	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	- WA	83	
Enter new mailing address, if applicable:	Pil.	SE TI	
(Mailing address MAY BE A POST OFFICE BOX)	N/A F	T	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		ter the name of the new	
Name of New Registered Agent:	NA		
New Registered Office Address:	Enter Florida street address		
	Enter Florida street address . Florida		
 	City , Florida	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:

<u>Title</u>	Name	Address	Type of Action
<u>Title</u>	Manie	radda 650	27 20 31 11011011
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fective date, if other that an effective date is listed, the date	n the date of filing	g:	10 1 16	or more than 00 day	(optional)	\ Durculant t	605 020
ote: If the date inserted in	his block does not r	neet the appli	cable statutory	filing requiremen	ts, this date	will not b	e listed as
ocument's effective date on	the Department of S	state's record	S.				
record specifies a de			ot an effecti	ve time, at 12	:01 a.m.	on the e	arlier o
The 90th day after th	e record is filed.						
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Filing Fee: \$25.00