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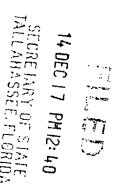
(Re	questor's Name)	
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J. Shivers DEC 1 9 2014

COVER LETTER

TO	Registration Sec Division of Corp			Ŷ
SU	ВЈЕСТ:	LIBERTY SHO	ITERS LL c	
		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
Plea	ase return all correspon	ndence concerning this matter	to the following:	
		Louis F	Name of Person	
		LIBERT	Y SHUTTERS (Firm/Company	LLC
		474 N.u	1. LAKE WHITHE	PL_
		PORT SAIN	City/State and Zip Code	4986
		E-mail address: (to be used for future annual report notifi	ication)
For	further information co.	oncerning this matter, please ca	all:	
	Louis Pisc	ITELLI	at (239) 450 (4938
	Name of	`Person	Area Code Daytime	Telephone Number
Enc	closed is a check for th	e following amount:		
図	\$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

LiGER (Name of the Limite)	Liability Company as it no A Florida Limited Liability C	RS LLC	records.)		
(7	A Florida Limited Liability C	_ompany)			
The Articles of Organization for this Limited Lia	bility Company were fil	led on <u>De</u>	c 2 76	14 and assi	igned
Florida document number <u>L 14000/8</u> 6	4183				
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liability cor	npany here:			
The new name must be distinguishable and end with the w	ords "Limited Liability Com	npany," the designati	ion "LLC" or the	abbreviation "L	.L.C."
Enter new principal offices address, if applica	ble:				
(Principal office address MUST BE A STREET	'ADDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE B	<u></u>	<u> </u>			
			···		
B. If amending the registered agent and/oregistered agent and/or the new registered off		ldress on our r	ecords, ente	r the name o	of the new
		_	,	NS 3	
Name of New Registered Agent:	Louis	PISCITE	57 Li	<u> </u>	
New Registered Office Address:	LOUIS 1624 CA NAPLES City	YMAN CT		HA ECT	Shirt season f
		Enter Florida stree -	t address	7 I) tagens
	NAPLES	<u> </u>	, Florida _		977
New Registered Agent's Signature, if changing R				P: 4	
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this company has been notified in writing of the company has been notified in writing of this content is the company has been notified in writing of this content is the content in the content is the content in	l agent and agree to ac r and complete perfort tered agent as provide egistered office addres change.	mance of my dui ed for in Chapter	ties, and I am r 605, F.S. Oi irm that the l	n familiar with r, if this docu imited liabili	h and ment is ty

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:

MGR = . M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BISLIM, FATUK	7732 Green Buro Dr Mel Bourne FL 39904 (3280	□ Add
			⊠ Remove
MGR	Louis PisciTelli	1624 CAYMANCT NAGLES, FL 34119	∑ Add
			☐ Remove
			□ Remove
			Add
			Remove
			C 17 Add 17 Si A
			Remove
			Add
			Remove

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he effectiv	date, if other than the date of filing: (optional) e date must be specific, cannot be prior to date of receipt or med date and cannot be more than 90 days after s document is filed by the Florida Department of State)
The effective the date thi	e date must be specific, cannot be prior to date of receipt or med date and cannot be more than 90 days after
he effectiv	e date must be specific, cannot be prior to date of receipt or med date and cannot be more than 90 days after s document is filed by the Florida Department of State)
The effective the date thi	e date must be specific, cannot be prior to date of receipt or med date and cannot be more than 90 days after s document is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE TALLAHASSEE FLOOR