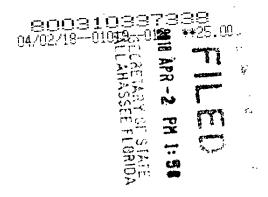
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Special Instructions to	Filing Officer:	
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IROS MARRIE

COVER LETTER

Division of Corpo			
SUBJECT: MD	MITCHELL		
	Name of Limi	ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subr	mitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	••••••••••••••••••••••••••••••••••••••	v v v v v v	
	MICHAEC	Name of Person	
		Name of Person	
		Firm/Company	
		• •	
	200 22	AVE 5 # 154 Address	
		Address	
	ST PETE	City/State and Zip Code 0603 @ gmqi/ o be used for future annual report notifica	
	- / /	City/State and Zip Code	·
	5011 mike	0603 e gmail	1 Com
	E-mail address: (t	o be used for future annual report notifica	ation)
For further information cond	cerning this matter, please ca	ill:	
MICHAEL	- MITCHELL	at (305) 600 -	2763
Name of Po	erson	Area Code Daytime T	elephone Number
Enclosed is a check for the f	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy
		(additional copy is enclosed)	(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

Name 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 12/20/4 and assigned Florida document number 1/4000/188/700 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 "LLC." 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 neregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Zip Code	MYMITCHEL	L	LC					
The Articles of Organization for this Limited Liability Company were filed on 12/2014 and assigned Florida document number 14000188700 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 "LLC." Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailling 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 neregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Florida	(Name of the Limited L. (A F	iability Compan lorida Limited Li	ny as it now appea iability Company)	rs on our recor	ds.)			
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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:

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** 725 13th A/NE WHITNEY WHITACRE **PPV**Add ST PETE FL 33761 ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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