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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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K.SALY EXAMINER JUN 19 2015

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJI	ECT:	Name of Limi	ted Liability Company	
The en	closed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please	return all correspon	dence concerning this matter t	to the following:	
			David Dune	
		Wenter	Name of Person April A LLC Firm/Company	
		3655 VI	stage WM	
		West Pala	n Bench Florida City/State and Zip Code	33405
		E-mail address: (to	O Budget Dlivid . Co	Dus cation)
For fur	ther information co	ncerning this matter, please ca	II:	
	DAVIA Name of	Demo	at (56) 310 - Area Code Daytime	3099 Telephone Number
Enclos	ed is a check for the	following amount:		
\$2 NO	5.00 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

ARTICLES OF C	RGANIZATION F// Ex
O	2015
(Name of the Limited Liability Compa (A Florida Limited	PRGANIZATION 2015 JUH 18 PM 1: 04 The state of the stat
The Articles of Organization for this Limited Liability Company Florida document number 414000193347	were filed on $17/22/2014$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the abbreviation "L.L.C." 3655 Vivtage Way West Palm Beach Florida, 33405
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same As Above
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	,
Name of New Registered Agent:	
New Registered Office Address:	
new registered Office Address.	Enter Florida street address
	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = M $AMBR = A$	lanager Authorized Member		FILED	
<u>Title</u>	<u>Name</u>	<u>Address</u>	2015 JUN 10 0	Type of Action
			TALLAHASSEE FLORID:	Add
				□ Remove
				☐ Change
				Add
		<u> </u>		□ Remove
				☐ Change
				🗆 Add
				□ Remove
				Change
				Remove
				Change
				Add
				Remove
				Change
				Add
				Remove
				Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
My EIN # is 47-2598370
I Also want A certificate of States sent
to my Adress
25.00 filing
5. co Certificat
30.00
लिंद है।
Effective date, if other than the date of filing:
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.
Dated 50xx14 , 2016.
Signature of a member or authorized representative of a member
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00