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OIVISION OF COMPONENTS

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COVER LETTER

TO: Registration So Division of Co			
City Advic	e LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Shawn Kallner		
		Name of Person	
	City Advice LLC		
		Firm/Company	
	7826 Skiing Way		
		Address	
	Winter Garden, FL 34787		
		City/State and Zip Code	
	shawn@cityadvice.com E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Shawn Kallner		321 9455600	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$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

City Advice LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our record Liability Company)	<u>(ds.</u>)
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{\text{L}15000014814}{\text{L}15000014814}$	ny were filed on 1/26/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		16
		<u>\$</u> \$2
		-7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		3 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.
		3 55 0 55
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	See
		lorida
	City	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Dilson Caputo	PO Box 2533	= Add
MEMBER	- MANACEZ	Windermere, FL 34786	□ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			□ Remove
			□ Change
			Add
		□ Remove	
		····	☐ Change
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E. Effective date, if other than	the date of filing:	(optional)	
Note: If the date inserted in the	e must be specific and cannot be prior to date outsile block does not meet the applicable state. Department of State's records.		
f the record specifies a del b) The 90th day after the	ayed effective date, but not an e record is filed.	ffective time, at 12:01 a.m. on	the earlier of:
June 4 Dated	2018		
	In the same of the	·	
	Signature of a member or authorized re		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00