## L1500015289

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(Cit	y/State/Zip/Phone	e #)
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FILED 2015 DEC 21 P 4: 43 SECRETARY OF STATE

DEC 2 2 2015

Division of Corporations	
SUBJECT: Rame of Limited Liability Company	•
	•
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Ed Heller Name of Person	-
	_
Firm/Company	•
H210 No. Market St.	_
Berwick, PA 18603 City/State and Zip Code	- REC
Berwick, PA 18603  City/State and Zip Code  E-mail address: (to be used for future annual report notification)	MIS DEC 21 SECRETARY STALLAHASSE
For further information concerning this matter, please call:	
Ed Heller  Name of Person  at (570) 336-0898  Area Code Daytime Telephone Number	P # 13  OF STATE  SFLORIDA
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	ate of Status &

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 Comps (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>~ 5000015289</u> .	were filed on $1/26/3015$ 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 Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4210 No. Market St.
(Principal office address MUST BE A STREET ADDRESS)	H210 No. Market St. Berwick, PA 18603
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:	SECR SECR
New Registered Office Address:	Enter Florida street address SP 2
·	, Floridan T
New Registered Agent's Signature, if changing Registered Agent:	City Zin Code
I haveby appared the approintment as verificated agent and agent	and a set in this conserve I Couth on a set of the set of

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	me, and address of each person	being added
or removed from our records:		

MGR = Ma $AMBR = Au$	nager thorized Member	•	
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Filing Fee: \$25.00