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SECRETARY OF STAPE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: P.H. Cler	NGO LLC - add ne of Limited Liability Company	ing a Manager
The enclosed Articles of Amendment and fee(s	are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
	Michael Brown	<u> </u>
Fran	ce Floride In	vest
7208	Sond Lake Road	Str 204
<u> </u>	City/State and Zip Code	9
Miq. E-mail:	brown France - Floride - address: (to be used for future annual report noti	invest, com
For further information concerning this matter,	please call:	
Michael Brown Name of Person	at (407) 202 Area Code Daytim	L. 2486 e Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$30.00 Filing Fe Certificate of S		□ \$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

Name of the Limited Liability Co	mpany as it now appears (on our records.)		
The Articles of Organization for this Limited Liability Compa			2015	
	any were filed on	<u> </u>	and a	ssigned
Florida document number LI50000 38529				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company here	<u>e</u> :		
The new name must be distinguishable and end with the words "Limited	Liability Company," the de	signation "LLC" or	r the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:			<u>1</u>	
(Principal office address MUST BE A STREET ADDRESS	2		15 ALL	
			AK.	
	 	. ,	23 ASS	्र का एक्स प्रोत्स्य
Enter new mailing address, if applicable:			9 7 P	Committees)
(Mailing address MAY BE A POST OFFICE BOX)				3 1 1
Imaning duaress MAT BE ATOST OFFICE BOX)			25 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		our records, <u>er</u>	nter the name	of the ne
Name of New Registered Agent:				
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·		
	Enter Florida	a street address		
	<u></u>	, Florida		
	City		Zip Code	?
New Registered Agent's Signature, if changing Registered Age	ent:			
I have by accept the appointment of reciptored agent and	acres to got in this acr	manita I Gudha		

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = 'M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Claire Monnet	7208 Sandlake Noad Ste 204 Orlando Fl 3	Add Add Remove
			Remove
			23 Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Add
			Add
			Remove

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The effect the date th	ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State) 20 March 2015
The effect the date th	ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)

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Filing Fee: \$25.00