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(Re	equestor's Name)	
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	y/State/Zip/Phone	40
(Cil	ly/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Chariel Instructions to	Ellina Officer	
Special Instructions to	riing Onicer:	
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: TEX	Mame of Lim	ited Liability Company		
	Amendment and fee(s) are sub			
	Tracy (Name of Person		
	<u>retrosti</u>	Firm/Company		
	521 South	n Maraham A	2010 MAR -5 SECRETARY ALLAHASSE	-
	Lakeland	City/State and Zip Code		ir C
	retwoskim E-mail address: (8636 mail. (ORIDA 35	
For further information c	oncerning this matter, please ca	all:		
Tracy	EVANS FPerson	at (813) 4\0-	Telephone Number	
		Tuon Code Dayiii.	, respicate realization	
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 enclo	

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

15,110011111	110.			
(Name of the Limit	d Liability Compa	ny as it now appears on our Liability Company)	records.)	
	(A Fiorida Limited I	Liaomity Company)	•	
The Articles of Organization for this Limited Li Florida document number <u>L\500003</u>	ability Company	were filed on O3	3 5 and a	ssigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, <u>enter the new name of</u>	the limited liab	ility company here:		
retroskin, 1	, C			
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designatio	n "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applications and the second seco		1030 Sou	th Florida	Ave.
(Principal office address MUST BE A STREE	<u>T ADDRESS)</u>	Lakeland,	FL.33813	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	521 South Lakeland	n Inaraham 1 FUE 5881	Ave.
B. If amending the registered agent and/ registered agent and/or the new registered of			LOS PO	the new
Name of New Registered Agent:		۵	105 35 35	
New Registered Office Address:	6030	South Florida stree	rada Ave	<u>Suitells</u>
	Lakele	<u>ind</u>	, Florida 338 Zip Coa	1 <u>3</u> .
		*	- r	

New Registered Agent's Signature, if changing Registered Agent:

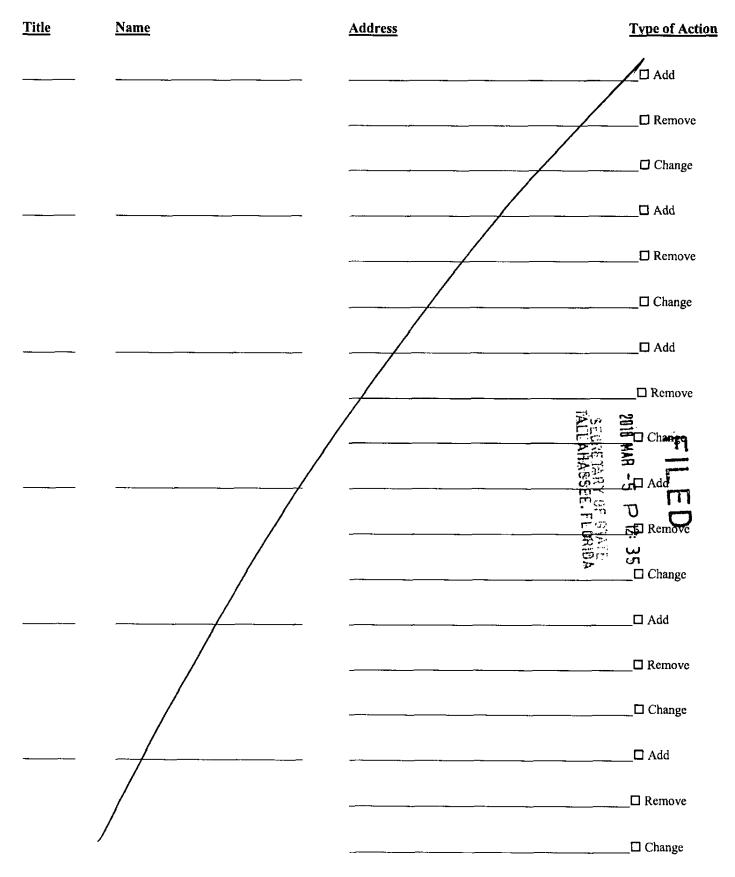
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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the 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



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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00