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NOV 03 2016 S. YOUNG TALLAHASSEELELORIG

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:	AUSTO	ited Liability Company			
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
		MICHAEL AUSTEN Name of Person			
		Name of Person			
		Firm/Company			
	<u>6406 SHO</u>	AL CREEK STREET Address	CIR	3	SEC
	BRADE	NTON, FL 34-202 City/State and Zip Code		16 NOV -2 PH 3: 00	NEW YORK
				- <u>0</u>	Fig
	E-mail address: (to be used for future annual report notifi	ication)	تة. دن	170
For further information c	oncerning this matter, please ca	all:		: 00	of STATE
MICHAEL Name o	f Person	at (<u>651</u>) <u>399</u> - Area Code Daytime	- 0733 Telephone Number		
Enclosed is a check for the	he 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 Sta Certified Copy (additional copy is ea	atus &	
	ING ADDDEGG	CTD DET COLID II	CD ADDRECC.		

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

	AUSTEN,	LLC					
(<u>Name of the Limited</u> (A	Florida Limited Lia	as it now app bility Compar	oears on ou 1y)	r records.)			
The Articles of Organization for this Limited Liab Florida document numberL15_0000613		ere filed on	04	107/15	5	and assign	ned
This amendment is submitted to amend the follow	ing:						
A. If amending name, enter the new name of the	ne limited liabili	ty company	<u>/ here</u> :				
The new name must be distinguishable and contain the word	ls "Limited Liability	Company," t	he designati	on "LLC" (or the abbrevi	iation "L.L.	2.1
Enter new principal offices address, if applicab	le:	5105 BRADE	50th	AUE U	J.		72
(Principal office address MUST BE A STREET	ADDRESS)	BRADE	NTON,	FL	34210	5	至6
Enter new mailing address, if applicable:		5105 BRADEN	50th	AVE	w.	ų-2 PIII	100 mm
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	BRADER	VTON)	FL	34210	<u> </u>	- STATE
B. If amending the registered agent and/or registered agent and/or the new registered offic	e address here:						the new
Name of New Registered Agent:	RALPH	AUSTE	FN .				
New Registered Office Address:	RALPH 5105 50	AVE V Enter	V , Florida stre	et address			
		I To N City					
		City			2.		

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager, AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	MICHAEL AUSTEN	6406 SHOAL CREEK STREET CIR	Add
		BRADENTON, FL 34202	Remove
			Change
			🗅 Add
			Remove
			Change
			Add NOVER 2 PAR 3: 00 Change Add Add
			Charge FLORIDA
			_□ Remove
			_□ Change
			_□ Add
		<u> </u>	Remove
			Change
			_□ Add
			_□ Remove
			_□ Change

<u>;) </u>	MICHAEL	AUSTEN	HAS	RESIGNE	O FROM	THIS	COM	PANY
•	AND.	LLC.						
				100 100°			THIS	COMPANY
<u> </u>	7010111	770.01.01	15 /	VO - V / V /	0 0 1000	<u> </u>	7	
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		<u>.</u>						
ective	date, if othe	r than the date	e of filing:	10/	125/16		(optional	
effectiv	ve date is listed,	, the date must be s	pecific and o	annot be prior to dat	e of filing or more			
	's effective da	ite on the Depart	ment of Sta	ate's records.				
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ument' record he 90	th day afte	er the record	is filed. , , mich	2016 aut Austen ember or authorized MICHAEL Typed or printed nar		ı member		

Page 3 of 3

Filing Fee: \$25.00