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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Preferred Scarce LLC Name 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:
Kevin Krawczeski Name of Person
Preferred Source LLC Firm/Company
2260 Kearney Ave
Naples, FL 34117 City/State and Zip Code
PFSSOLE Gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Keuin Krawczeski at (239) 200 - 8355 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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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

TO ARTICLES OF ORGANIZATION OF

Preferred (Name of the Limited	Liability Company as It now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	wility Company were filed on $\frac{4/33/15}{}$ and assigned
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of t	ne limited liability company here:
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the nee address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Tammera Krawczeski	2260 Kearney Ave	Add
	Tammera Krawczeski	Noples, FL . 34117	Remove
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Filing Fee: \$25.00