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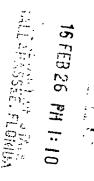
(Re	questor's Name)	
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COVER LETTER

TO:	Registration S Division of Co				
SUBJE	ст:	RAM RAN PR Name of	Firm/Company PARK CIRCLE #293 Address OOD FL 32779 City/State and Zip Code Cooter & Jahoo. Com ss: (to be used for future annual report notification) se call: at (770) 307-885[Area Code Daytime Telephone Number		
The en	closed Articles o	of Amendment and fee(s) are	submitted for filing	· •	
Please	return all corresp	pondence concerning this ma	tter to the following	; :	
		MAR	K DOST	TER	
			Name of P	'erson	
			Firm/Con	ıpany	
		<u>253</u> f	PALM PA	HRK CIR	CUE #203
		LONGW	OOD FL City/State and	3277 Zip Code	9
		Mank	doster 6	≥yahoo.c	COM difference
For fur	ther information	concerning this matter, plea		ne annuai report no	rincation)
	MARK Name	DOSTER of Person	at (77	10 307 Code Dayti	7-885 me Telephone Number
Enclos	ed is a check for	the following amount:			
	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Statu	s Certified		

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 Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida L	Company as it now appears imited Liability Company)	on our records,)			
The Articles of Organization for this Limited Liability Con	mpany were filed on	JUNE 26,2	an <u>کا ہ</u>	d assi	gned
Florida document number <u>115000110352</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability company her	<u>re</u> :			
The new name must be distinguishable and contain the words "Limite	d Liability Company," the des	signation "LLC" or the	e abbreviatio	on "L.L	.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRE	<u></u>			16 F	
	- <u>-</u> -			E.	i
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Enter new mailing address, if applicable:			ma _r	- 0	777
(Mailing address MAY BE A POST OFFICE BOX)			enter Silver Vent Ch		
		•	<u> </u>		
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B. If amending the registered agent and/or registered agent and/or the new registered office addre		our records, <u>ent</u>	er the na	ame o	f the ne
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florid	da street address			
-		, Florida			.
New Desiratored Assetts Signature of changing Desiratored	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

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>	<u>Name</u>	Address	Type of Action
MGR MR	MARK DOSTER	253 PALM PARK CIRCLE #2	<u>26</u> €□ Add
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Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing.	(optional) ng or more than 90 days after filing.) Pursuant to 60:	5.020
ote: If the date inserted in this block does not meet the applicable statutor ocument's effective date on the Department of State's records.	ry filing requirements, this date will not be list	ed a
e record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	tive time, at 12:01 a.m. on the earli	er c
ated FEB 22 2016 , 2016 . Signature of a member or authorized represe		

Page 3 of 3

Filing Fee: \$25.00