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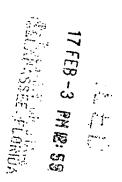
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Eileen Cease, LC
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:
Eileer Clase
Name of Person
Name of Person Eiler Clase, LLC Firm/Company
Firm/Company
871 Ibis Wall Place N, #1405
St Petersburg, FL 33716 Ocity/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Eilee Clase at (502) 523-0093 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed)\$\$ Certified Copy

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

_ Ellentease, Cl	<u>-</u> C	
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u> </u>	oility Company were filed on Three 29, 20	/S and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of th	ne limited liability company here:	
Mease, LLC		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le: 871 Ibis Walk Pla ADDRESS) #1405	a N
(Principal office address MUST BE A STREET)	ADDRESS) #1405	
Note that this address was a	sphoted St Petersburg, F	2 33716
When I submitted my armely		
Jun 29, 2017 Enter new mailing address, if applicable:		
Enter new mailing address, if applicable:	/ Same as above	
Mailing address MAY BE A POST OFFICE BO	<u></u>	
	_/	
R If amonding the vegistered egent and/or	magistaned office address on our records	
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the no
The state of the first registered of the	e uddi esa nere.	7
1	-(1 ₀	
Name of New Registered Agent:	NIA	33
New Registered Office Address:	Jame as abore	3
	Enter Florida street address	6
	. Flori	da Sh

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.

M/A

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 **Type of Action Title** <u>Name</u> **Address** _□ Add ☐ Remove ☐ Change ☐ Add □ Remove _□ Change _□ Add _□ Remove _□ Çhange ©n □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change

			
			
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ffective date, if other than the date of filing:	(0	optional)	
ffective 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 the lote: If the date inserted in this block does not meet the applicable statu	filing or more than 90 days	after filing.) Pursua	unt to 605.020 If he listed a
ocument's effective date on the Department of State's records.	iory ming requirement	, 4115 4116 7711 110	00 1.0,000 1
	ective time, at 12:0	01 a.m. on the	e earlier (
The 90th day after the record is filed.			
The 90th day after the record is filed.			
e record specifies a delayed effective date, but not an efform of the 90th day after the record is filed. Dated	acentative of a member		

Page 3 of 3

Filing Fee: \$25.00