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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Consisting		
Special Instructions to I	-iling Officer:	
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Office Use Only



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OCT 05 2015

S. YOUNG

COVER LETTER

TO:	Registration Sect Division of Corpo						
SUBJE	CT:	CAJAL Na	MANSPART no of Limited Liel	Dility Company			
The encl	losed Articles of Ar	mendment and fee(s) are submitted t	for filing.			
Please n	eturn all correspond	lence concerning th	is matter to the f	ollowing:			
		Kyle	- Young	Name of Person			
		CAN	AL TRA	WSPART LL	· c		
			1	Firm/Company		-100	潘
		122	HAMPtu	N RUAD .	#233		87
			<u></u>	Address			一声
		CI	ecurater ;	CL 33759 State and Zip Code	·		1-2 PH 5:1
	•		•	State and Zip Code // Fest toward led for future annual repo		7.cm	
For fur	her information co	ncerning this matter			, ===,	The state of the s	
	Name of	Person		at ()	Daytime Telephone	Number	
Enclos	ed is a check for the	e following amount:					
10 32	500 Filing Fee	\$30.00 Filing I Certificate of	ee & 🔲	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) (60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Sep. 4. 2015 3:28PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

No. 2255 P. 2

Name of the Limits	TO AVI PAUT LUC ed Liability Company as it now appears on o (A Florida Limited Liability Company)	ar records.)
The Articles of Organization for this Limited Li Florida document number <u>L 1500011</u>	ability Company were filed on/	26/965 and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w		tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic		
(Principal office address MUST BE A STREE	TADDRESS)	
		a a a a a a a a a a a a a a a a a a a
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	STATE OF THE PROPERTY OF THE P
B. If amending the registered agent and registered agent and/or the new registered of		records, enter the name of the new
Name of New Registered Agent:	Michael Tokurski	
New Registered Office Address:		
	Enter Florida si	reet 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

If angen. 4. 2015 r 3:29 PMon(s) authorized to manage, enter the title, name, and address No. 2255 ergs. 3 eing added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address		Type of Action
<u>AMBR</u>	Michael Thorshi	1061 CONOLEWOOD	MOTHER DUNNER	1 9/WE IL 60515 MAD
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Filing Fee: \$25.00