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. (Re	questor's Name)	***************************************	
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MR 10 SUL

TO: Registration Section Division of Corporations

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the	ne following:	
n	Name of Person	- T
-WN-	tollings LLC To P	
727WN4	h St - Corporate OFFICE	
Panana	ity/State and Zip Code	
lee Charton	when John & Commil Com	

For further information concerning this matter, please call:

Enclosed is a check for the 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 Status & Certified Copy (additional copy is enclosed)

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

(Name of the Limited Liability Compa	any as it now appears on our records.)	···	
(A Florida Limited) The Articles of Organization for this Limited Liability Company Florida document number 2) 5000) 1 4 9 3 9 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	were filed on 7/2)15	and assigned	d
The new name must be distinguishable and contain the words "Limited Liabi		breviation "L.L.C."	,
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			<u>—</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	727 W 11+1 Paramacity Fl	7 St-1	orpri
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		the name of t	he new
Name of New Registered Agent:		ZOS A	
New Registered Office Address:	Enter Florida street address	AHASSEA AHASSEE	
New Registered Agent's Signature, if changing Registered Agent:	, Florida City	Zib Code	0

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 **Title** Name Address Type of Action Chientopherler 48 Baaden Hum Place Amherit, Ny 14226 Remove ☐ Change 11 Eltham Dr ROBert Ruth □ Add Am herst, N+14226 Remove ☐ Change 8700 Front Beach Rd UNITIONO! Parama City Beach FL 132407 adrian Jessons MGC **⊠**,Remove ☐ Change Solement WN+HOldINGSLLC 727W 11th S+ Pavamacity, FL 3240 Change Remove U⊓ □DChange □ Add □ Remove ☐ Change

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Filing Fee: \$25.00