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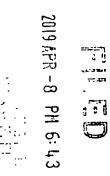
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COVER LETTER

TO:	Registration Se Division of Cor			
CUDI	Alaina Oles	on LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Alaina Wickham		
			Name of Person	
		1161 NW 80th Ave	Firm/Company	·
			Address	
		Ocala, FL 34482		
		aoleson88@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For fu	orther information c	oncerning this matter, please co	ali:	
Austi	n Vealey		352 369-9933	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for the	ne following amount:		
■ \$2	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)

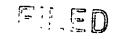
MAILING ADDRESS:

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



2019 APR -8 PM 6: 43

Alaina Oleson LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/30/2015}{}$ and assigned Florida document number ______15000130099 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Alaina Wickham Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _

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.

City

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>	Name	Address	Type of Action
MGR	Alaina Wickham	1161 NW 80th Ave Ocala, FL 34482	Add
			□ Remove
	Alaina Oleson		Change
MGR		1161 NW 80th Ave	Add
		Ocala, FL 34482	Remove
			☐ Change
			Remove
			☐ Change
			D Add
			□ Remove
		917-1-	Change
			Add
			□ Remove
			Change
			□ Add
			Remove
			Change

frective date, if other than the date of filling: an effective date is listed, the date must be specific and cannot be prior to date of filing lote: If the date inserted in this block does not meet the applicable statutory occurrent's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.020 filing requirements, this date will not be listed as
e record specifies a delayed effective date, but not an effecti The 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlier o
March 03 , 2019	
Maina Workham	
Signature of a member or authorized represen	auve of a member

Page 3 of 3

Filing Fee: \$25.00