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TO:

Registration Section

Division of Corpo	rations		
SUBJECT:	Plan Spol	d Liability Company	<u>LC</u>
	nendment and fee(s) are subm		
Piease return all correspond	lence concerning this matter to	the following:	
	Willey	Name of Person	
	PLRY	Firm/Company	Lic
	(509	Crown Ridge Address	<u>r</u> 4
	tav M	City/State and Zip Code	
	·		
	E-mail address: (t	o be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca		
		at () Area Code Daytim	
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e 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)
Registr Divisio P.O. B	and ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on Frations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company: (A Florida Limited Liab	S BAR LLC as it now appears on our records.) ilky Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L1500(132455</u>	ere filed on <u>8-06-2015</u>	and assigned
This amendment is submitted to amend the following:		
		17. T
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbi	reviation "L:UC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		ري ت.
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address here:	ce address on our records, enter	the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	·
	nocument number	

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 Type of Action Address Title Kessla Starley Remove ☐ Change Felicia Staley ☐ Change _□ Add _□ Remove ☐ Change □ Add _□ Remove 🗖 □ Change □ Add □ Remoye _□ Change _□ Add _□ Remove

□ Change

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C.C	ate, if other th	on the data of	Gling:			(optic	onal)		
Com "Contina	date is listed, the date inserted in	lute must be enecid	ic and cannot b	ne prior to date.	of filing or more	than 90 days after	filing.) Pursuant	to 605.0207 (3) be listed as the	(p)
document's	effective date o	n the Departmen	t of State's re	cords.					
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The 90t	h day after t	ne record is f	iled.			,			
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Page 3 of 3

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