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COVER LETTER,

| | ion Section of Corporations | | |
|---|---|---|--|
| SUBJECT: | CHRUTOPHER LEE | ATWELL LLC. | |
| | Name of Limi | ted Liability Company | |
| | | | |
| The enclosed Artic | les of Amendment and fee(s) are subr | mitted for filing. | |
| Picase return all co | rrespondence concerning this matter t | to the following: | |
| | | _ | |
| | CHRISTAPHE | ia ATHELL | |
| | | Name of Person | ······································ |
| | | | |
| | CHRUTOP | Firm/Company | L LCC |
| | | t and company | |
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| | | Address | |
| | PENDAZ | City/State and Zin Code | |
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| | atw 12914 | @ gmail.com o be used for future annual report to | |
| | E-mail address: (t | o be used for future annual report is | otification) |
| For further informa | ition concerning this matter, please ca | d1: | |
| CHRIS | Anneu | at (170) 35 | 6-0506 |
| CHRIS ANNELL at (FTO) 356 - 0506 Name of Person Area Code Daytime Telephone Numb | | ime Telephone Number | |
| | | | |
| Enclosed is a check | c for the following amount: | | |
| \$25.00 Filing F | Fee | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 2015 AUG 19 PH 12: 45

SEGRETARY OF STATE TALLAHASSEE, FLORIDA 1111

| (Name of the Limited Liability) | |
|--|---|
| (A Florida Li | Company as it now appears on our records.) imited Liability Company) |
| The Articles of Organization for this Limited Liability Con | mpany were filed on <u>August 13, 2015</u> and assigned |
| Florida document number <u>LIS 000 1382 17</u> | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limite | ed liability company here: |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRE | <u></u> |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | ered office address on our records, enter the name of the new |
| registered agent and/or the new registered office addre | <u>sss here</u> : |
| Name of New Registered Agent: | |
| • | |
| New Registered Office Address: | Enter Florida street address |
| | , Florida |
| | City Zip Code |
| New Registered Agent's Signature, if changing Registered A | 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| | | Signature of a | a member or aut | horized represen | tative of a member | | · ··· · · · · |

Page 3 of 3

Filing Fee: \$25.00