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| (Requestor's Name) |
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| (Address) |
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| /City/State/Tip/Dhopp 40 |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Secti Division of Corpo | | | |
|---|---|---|---|
| CC | · (Stop à 1 | 10 | |
| SUBJECT: | Name of Limited I | iability Company | <u> </u> |
| | | | |
| The enclosed Articles of An | nendment and fee(s) are submitte | d for filing | |
| Please return all correspond | ence concerning this matter to the | e following | |
| | Chi | Shane (C | OUSTEIN |
| | Eh | US Coursely | ruction LLC |
| | 9815 | Lenon | wood D- |
| | Boyn | Ion Be | each |
| | interi | ry/State and Zip Code LOO of Code used for future annual repo | e net |
| For further information con- | cerning this matter, please call: | 9 | |
| Christia | une Courstein | at (56/) | 699 6778 |
| Name of P | erson | Area Code | Daytime Telephone Number |
| Enclosed is a check for the | following amount: | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & □ Certificate of Status | 1 \$55.00 Filing Fee & Certified Copy (additional copy is enclose | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Registrati Division o P.O. Box | G ADDRESS: on Section of Corporations 6327 ee, FL 32314 | Registration Division of Clifton Buil | Corporations ding tive Center Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| CC 1502 | LLC |
|---|--|
| (Name of the Limited Liability Co | mpany as it now appears on our records.) ted Liability Company) |
| The Articles of Organization for this Limited Liability Comp. | any were filed on 424 15 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited | iability company here: |
| The new name must be distinguishable and contain the words "Limited L | ability Company," the designation "LLC" or the abbreviation "L.L.C." |
| 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 registere registered agent and/or the new registered office address | DATE OF STATE OF STATE OF LORIDA OF THE NAME OF THE NA |
| 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 Ag | rent: |
| provisions of all statutes relative to the proper and comp | agree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and tas provided for in Chapter 605, F.S. Or, if this document is ffice address, I hereby confirm that the limited liability |

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

| If amending A or removed fr | If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added | | | | | |
|--------------------------------|--|---------|--------------------------------------|----------------|--|--|
| MGR = Ma AMBR = Aut | nager thorized Member | | | | | |
| <u>Title</u> | Name | Address | 1 | Type of Action | | |
| Mgs | CG INVESTMATITALL | 1-98 | 15 Lemonwood De Boyner 13 ch 1733 | MAdd 5437 | | |
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| D. If amending any other information, enter change(s) here: (Atta | ach additional sheets, if necessary.) | |
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| E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date on Note: If the date inserted in this block does not meet the applicable standocument's effective date on the Department of State's records. | (optional) Iffling or more than 90 days after filing.) Pursuant to 605.6 tuttory filing requirements, this date will not be listed | 0207 (3)(b) d as the |
| If the record specifies a delayed effective date, but not an e (b) The 90th day after the record is filed. | ffective time, at 12:01 a.m. on the earlier | r of: |
| Dated March 8th, 2018. Rustave Coldon | _ | |
| Signature of a member of authorized re | | |
| Christian Christ | a ps/ein | |
| 1 yped or printed name | or signed | |

Page 3 of 3

Filing Fee: \$25.00