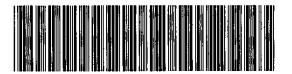


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TO: Registration Section Division of Corporati	ons		
SUBJECT:	MS Orga Name of Light	or M. 1. 3. 14.5 LL ted Liability Company	
The enclosed Articles of Amend	lment and fee(s) are sub	mitted for filing.	
Please return all correspondence	concerning this matter t	to the following:	L ·
	<u></u>	Name of Person	tou
		MS OBSANT	ZING CCC
		3 SE Roule	He Lane
_	PS	SLIFE 3 City/State and Zip Code	4983 LARETTO TO THE STREET OF
	Karena b E-mail address: (1	whon @ com to be used for future annual report no	icast rests 7
For further information concern			528-27 BB 6
Marra of Parra	urtov_	at (Dayti	me Telephone Number
employerI	TO Fein-	at (777) Area Code Dayti 47 - 4999 115	L150007 4968/
Enclosed is a check for the follo	owing 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 L (A F	iability Company as it nov lorida Limited Liability Co	v appears on our records.	.)	
The Articles of Organization for this Limited Liabil	ity Company were filed	_		nd assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability comp	oany here:		
The new name must be distinguishable and contain the words	"Limited Liability Compan	y," the designation "LLC"	or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)		•	BECRETARY OF TALLAHASSEE.	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office addraged address here:	ress on our records,	FLOREST the Content of	name of the n
Name of New Registered Agent:	Karen :	Bu-Hon/	NA	
New Registered Office Address:	E	Inter Florida street address		
_		, Flo	riđa	
_	City			Code

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 = Mar AMBR = Aut	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Pt St Lucie, FC	Remove
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rective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more	(optional)	05 03
te: If the date inserted in this block does not meet the applicable statutory filing recurrent's effective date on the Department of State's records.	requirements, this date will not be li	sted
•		
record specifies a delayed effective date, but not an effective ting. The 90th day after the record is filed.	ne, at 12:01 a.m. on the ear	lier
ted Oct 7, 2018.		
Koulun J Button Signature of a member or authorized representative of	f a member	
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Page 3 of 3

Filing Fee: \$25.00