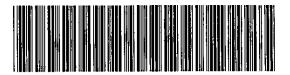
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D. SCOTT NOV 1 2016

COVER LETTER

Division of Corporations
SUBJECT: Ni COLE Frankin UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
NICU H MUSOVAVE Name of Person
Nicole Franklin UC Firm/Company
15905 China wind 10
Tampa R 33424 City/State and Zip Code
Micole Chystate and Experience of the E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nicule Musavaive Name of Person Area Code Daytime Telephone Number Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

3000 V 100 110

NICOLE YYUY	IKNIAI CO	<u> </u>	
(Name of the Limited (A	Liability Company as it Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L\5 OUU\5</u>	ility Company were f	iled on 09 10 20	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the		ompany here:	SEC 5
The new name must be distinguishable and contain the word	s "Limited Liability Con	pany," the designation "LLC" o	or the abbreviation &L.C.
Enter new principal offices address, if applicable	le:		3 M
(Principal office address MUST BE A STREET A	ADDRESS)		Ho D
			TIST I
			5
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		de construir de co
		····	——————————————————————————————————————
B. If amending the registered agent and/or registered agent and/or the new registered offic		ddress on our records,	enter the name of the new
Name of New Registered Agent:	Nicole	Musgrav	<u> </u>
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	Enter Florida street address	
	· · · · · · · · · · · · · · · · · · ·	, Flori	
	C	A:	7in 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.

f Changing Register d. gent, Signature of New Registered Agen

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 = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Nicole Frankin	15905 Cyging Winds Tampa, Fl 33024	<u>√</u> □ Add
		Tampa, FL 33024	Remove
	_		Change
MER	Nical Musgrave	1590T CHING WIND DI Tampa PL33624	Add
		Tampa/PL33624	☐ Remove
			Change
			🖸 Add
			□ Remove
			Change
			RETAKE A
			TO Remove
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and the second second second second			□ Add
			Remove
			☐ Change
		M-1	🗆 Add
			Remove
			Change

11 .

. If amending any other information, enter change(s) here: (Attach additional sheets, i)	, , , , , , , , , , , , , , , , , , , ,

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. Effective date, if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at 12:	:01 a.m. on the earlier of:
The 90th day after the record is filed.	
Dated 10 25 20 W 20 V	
Dated To See The Second See	,
Signature of a member or authorized representative of a member	
Nicone Mucanana (Exa	أمناها
Typed of printed name of signee	VIKIIVI)

Page 3 of 3

Filing Fee: \$25.00