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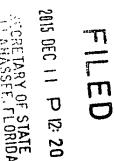
| (R | equestor's Name) | |
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| Certified Copies | Certificates o | f Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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3 MASON

COVER LETTER

| TO: Registration Section Division of Corporations | • | P | |
|---------------------------------------------------|--------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| SUBJECT: TEMPTITE | Any Solut | 7015 LC | |
| The enclosed Articles of Amendmen | nt and fee(s) are submitte | ed for filing. | |
| Please return all correspondence cor | ncerning this matter to th | e following: | |
| | !hvistian ' | P LLC Name of Person | |
| | mprite Air | SOLUTION ILL Firm/Company | <u>C</u> |
| | MP 004B | Address | |
| | St. Petersp | WA, T 33N12 ty/State and Zip Code | |
| | E-mail address: (to be | used for future annual report notific | cation) |
| For further information concerning to | this matter, please call: | | |
| Christian P Le Name of Person | ٤ | at (130) 301-1 Area Code Daytime | 7300. Telephone Number |
| Enclosed is a check for the followin | g amount: | | |
| | 00 Filing Fee & Crtificate of Status | S55.00 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 Liability Compan (A Florida Limited L. | iy as it now appears on our records.) iability Company) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| The Articles of Organization for this Limited Liability Company villerida document number <u>L15001M381</u> . | were filed on 10113115 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabil | lity company here: |
| The new name must be distinguishable and contain the words "Limited Liabili | ty 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) | Christian P Lee Byloo am Ave N. St. feresburg, Tr. 33713 |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: | |
| | |
| New Registered Office Address: | Enter Florida street address |
| | , Florida |
| New Registered Agent's Signature, if changing Registered Agent: | City Zip Code |
| I hereby accept the appointment us registered agent and agre provisions of all statutes relative to the proper and complete p | |

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. On 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 Cent

| lf amending Authorized Persor | ı(s) authorized to manage. | , <u>enter the title, nar</u> | me, and address of | each person | being added |
|-------------------------------|----------------------------|-------------------------------|--------------------|-------------|-------------|
| or removed from our records: | | | | | |

MGR = Manager

| $\mathbf{AMBR} = \mathbf{A}$ | uthorized Member | | |
|------------------------------|------------------|-------------------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| portial owner | Steven Maines | 12420 Ballentrae | |
| omner | | Forest Dr. | □ Remove |
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| | | | D Add |
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Filing Fee: \$25.00