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COVER LETTER

то	Registration Section Division of Corpor					
SUI	BJECT: LLYMON	Name of Lim	15, LLC ited Liability Company		_	
The	enclosed Articles of Ame	endment and fee(s) are sub	mitted for filing.			
Plea	se return all corresponde	nce concerning this matter	to the following:			
		Steve	Rosentus Name of Person	_\		
	-		Name of Person			
		Marx	Rosenthal Firm/Company	PUL C		
			Firm/Company			
		One	Southers +	Third Alle,	<u>S., 'L</u>	2900
		Miam	: , FC 331 City/State and Zip Code	31		
	_		E Mark ros to be used for future annual re			
For	further information conce	erning this matter, please c				
	Steve	Rosata	at (796)	378-812	1	
	Name of Per	son	Area Code	Daytime Telephone Nu	mber	
Enc	losed is a check for the fo	ollowing amount:				
×	\$25.00 Filing Fee	330.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cert osed) Cert	00 Filing Fee tificate of Sta tified Copy tional copy is en	itus &

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 (A Florida L	Company as it now apper imited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>LISOOO 189806</u>		NOV 9,2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company ł	<u>iere</u> :	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the	designation "LLC" or the abbre	eviation "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) B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:	red office address o	n our records, <u>enter th</u>	
New Registered Office Address:			
New Registered Office Address.	Enter Florida street address		
		, Florida	
Now Desistand Assetts Simulative (6.1	City		Zip Code
New Registered Agent's Signature, if changing Registered As I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	d agree to act in this aplete performance of nt as provided for in office address, I here	f my duties, and I am fan Chapter 605, F.S.:Or, if	niliar with and this document is ed liability

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 **Address Type of Action** <u>Title</u> <u>Name</u> Christopher buell IIII BIS cayne but #110 - Add Mami, FL 33181 Remove □ Change MOR Frank Masters 233 holmesdale rd flat C - Add London SESS6-PRUK Remove ☐ Change MGR Captsville, LLC 300 Delaware Ave #210 70 Add Wilmington, DE 19801 ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change U ☐ Remove Change

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fective date if	other than the date	of filing:			(option	al)	
an effective date is I ote: If the date ir	listed, the date must be spinserted in this block dive date on the Departi	pecific and cannot boos not meet the	applicable statu	iling or more than tory filing requi	90 days after fil	ing.) Pursu	iant to 605.02 ot be listed
	fies a delayed effo after the record i		ut not an eff	ective time, a	at 12:01 a.r	n. on th	ne earlier
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-	Signa	ture of a member of	or authorized repr	esentative of a me	mber 775	<u> </u>	
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Page 3 of 3

Filing Fee: \$25.00