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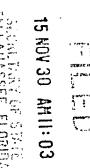


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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: Every	Seconds Cou	n+s Investing 1LC ted Liability Company	· • ·
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	Roscoe Davis	Nathan Byron Name of Person	
		Firm/Company	
	2860 Phillips	OD APT 2162	
	Tallahassee,	Fl 32308	-
	Every Seconds C	Fl, 32308 City/State and Zip Code Gunts@ Yahoo ,Com to be used for future annual report notifi	cation)
For further information con	cerning this matter, please ca		
Roscoe Davis Name of P	erson	at (464) 536 - 60 Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate 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

Every Seconds Counts Investing LLC			
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on November 21, 201 Florida document number 45000 195743.	<u>5</u> and as	ssigned	l
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
Every Second Counts Investments LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abl	breviation "	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)	<u></u>		
		40N S	
B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here:	the mame	<u>र</u> क्रा	ie new
Name of New Registered Agent:	19. J.	AH III:	Care Control
	D _A	03	
New Registered Office Address: Enter Florida street address			
, Florida,	Zip Code		
City New Registered Agent's Signature, if changing Registered Agent:	Zip Code	2	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agr provisions of all statutes relative to the proper and complete performance of my duties. and I am faccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, being filed to merely reflect a change in the registered office address, I hereby confirm that the line company has been notified in writing of this change.	amiliar w if this doc	ith and cumen	d

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 = Manager AMBR = Authorized Member Title <u>Name</u> Address Type of Action 190 Winslow Ave 32721 Nathan Byron MGR Deland, FL □ Remove ☐ Change D Add □ Remove ☐ Change _ □ Change □ Add ☐ Remove _□ Change □ Add □ Remove ☐ Change

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If an ef Note:	tive date, if other than the date of filing:	ant to 60: ot be list	5.0207 (i ted as tl
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	ne earli	ier of:
	November 30, 2015		
Dated			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00