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(Re	questor's Name)	···
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: The Flori Company LLC 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:
The Priori Company  The Priori Company  P. D. Bax 12  Address  Mary Testher, Fl 32569  City/State and Zip Code  The National State of Company  The Priori Company  Address  Mary Testher, Fl 32569  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    Territoria   Person   Area Code   Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  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

Box 05/20/2016

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The	CIDE CALONIA
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	(A Florida Limited Liability Company)  of Organization for this Limited Liability Company were filed on
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The Proud the new name must be distinguishable and contain the words "Limited Liability Company" the designation "LLC" or the abbreviation "LLC."  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)  S. If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here:	
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of th	e limited liability company here:
(A Florida Limited Liability Company)  the Articles of Organization for this Limited Liability Company were filed on	
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable:	
	)X)
	6 3
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Florida Zip Còde

## 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, <u>Signature of New Registered Agent</u>

Page 1 of 3

TBotimo 05/20/2016

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Filing Fee: \$25.00