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SECRETARY OF STATE FALLAHASSEE. FLORIDA

COVER LETTER

TO: Registration Se Division of Con	ection porations		
Momentum	ı Florida, LLC	•	
SOBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Edwin C. Lunsford, Esq.		
		Name of Person	
•	Eavenson, Fraser, Lunsfor	d & Ivan	
•		Firm/Company	_
٧	2000 PGA Blvd., Suite 32	00A	
		Address	
	Palm Beach Gardens, FL	33408	
		City/State and Zip Code	
	ed@efli.law		
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Ed Lunsford		561 626-1011 at ()	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

Momentum Florida, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number L15000204205		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	(SS)	···
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address.		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	ASSEE.
<u> </u>	, Florida _	TES R ITI
	City	ž ≯Zip Chde
New Registered Agent's Signature, if changing Registered A	Agent:	\sim \sim

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, Signature of New Registered Agent

11 amending Authorized rerson(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR/DII	Stephen Richard Ogden	445 Challenger Road	
		Suite 201	■ Remove
		Cape Canaveral, FL 32920	☐ Change
			Add
			□ Remove
			Change
			☐ Remove
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SECRETARY OF STATE AMASSEE, FLORID				
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effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02	cumer	t's effective date on the Department of State's records.	nents, this date with the	ot be nated
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Filing Fee: \$25.00

Typed or printed name of signee