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COVER LETTER

TO: Registration Sect Division of Corpo		,	
SUBJECT:	Soklol R	entula, LL	
	Name of Lim	ited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	\wedge
		n Sokolot	
	Sol.	Name of Person Rim/Company	, ((
	224 Y	Datura Street,	Sute 515
	West	Patura Street, Palm Beach, F	(33401
	E-mail address: (1	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	(oration)
For further information con	cerning this matter, please ca	all:	
Own Sot	olot	at (56) 507	-5252
Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a check for the	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: 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

	0	\mathbf{F}_{-1}	
(Name of the Limited	Liability Compar	iny as it now appears on our records.) Clability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L150002</u>	oility Company 06731	were filed on 12 111 12 015 and assigned	d
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of the	he limited liabi	ility company here:	
The new name must be distinguishable and contain the work	ds "Limited Liabili	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicab	ole:	224 Dator Street, Soite 5 Vist Pela Beal FC 3:34	15-
(Principal office address MUST BE A STREET	ADDRESS)	Vol Polo Real FC \$34.	<u>2 /</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	224 Patra Street S. Je W. I. R. Ball, F. G. 3 540.	<u>-</u> <u>5</u> 13-
B. If amending the registered agent and/or registered agent and/or the new registered office		Nice address on our records, enter the name of the $\underline{\mathbf{e}}$:	<u>1e new</u>
Name of New Registered Agent: New Registered Office Address:	224 D	n Sotolot Viture Street, Soite 515	
	Wed 1	Filer Florida street address Filer Beck Florida 3340/	j
		City Zip Code	

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, 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

<u>Title</u>	Name	Address	Type of Action
MGR	Scott Strage	224 Petra Street	D Add
		Suite 515, West Rel Buil	Remove
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			Remove
			Change
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Tective date, if other than the da an effective date is listed, the date must b	ite of filing	:			(opt	:- tional)	
an effective date is listed, the date must boote: If the date inserted in this block becament's effective date on the Department's effective date on the Department is effective date.	c does not m	icet the appli	cable statute	ling or more th ory filing req	an 90 days aft uirements, th	er filing.) Purst nis date will n	ant to 605.020 ot be listed a
record specifies a delayed e The 90th day after the recor	d is filed.			ctive time	, at 12:01	a.m. on th	ne earlier o
ared Septensur	21,	20	17		1		
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Filing Fee: \$25.00