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FALLAHASSEL FLORIDA

JUN 21 2016 Y SULKER

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE		CE/SECRETARY DOC PRE	P LLC	
SOBJE	C1.	Name of Lim	ited Liability Company	
The encl	losed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspon	dence concerning this matter	to the following:	
		ARTHUR FALBO		
			Name of Person	. ,
		3280-55A TAMIAMI TRA	AIL #166	
			Firm/Company	
		PORT CHARLOTTE FLO	PRIDA	
			Address	
			City/State and Zip Code	
		VANITY5858@gmail.com	to be used for future annual report notific	atton
For furtl	her information co	ncerning this matter, please ca		attony
arthur fa	albo		. 941 979-9885 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosé	d is a chack for th	e following amount:		
	.00 Filing Fee	S30.00 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)
	Registra	NG ADDRESS: tion Section to of Corporations x 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXEC OFFICE/SECRETARY DOC PREP LL		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records imited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Co. Florida document number L15000210422	mpany were filed on 12/21/15	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	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:	<u> </u>	<u> </u>
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address	ered office address on our records	s, enter the same of the new
registered agent and or the new registered office addition	ton tree e.	7. 12 2. 1 2. 1
Name of New Registered Agent:		·····
New Registered Office Address:	Enter Florida street addres:	
	Enter Florida street adares.	S
	, Flo	orida Zip Code
	City	Lip Coue

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR/AN	VANITY DICKINSON	3280-55A TAMIAMI TRAIL#166	
		PORT CHARLOTTE FL 33952	■ Remove
			☐ Change
			Add
			Remove
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		***	Add
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			Add Remove
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te: If the date inserted in thi ument's effective date on th	s block does not meet t	he applicabl					
record specifies a dela he 90th day after the I		, but not a	n effective	time, at 12:	01 a.m. on	the ea	rlier
JUNE 17	, 20	16					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00