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## **COVER LETTER**

TO: Registration Sec Division of Corp			ŕ
SUBJECT: A/	fa Codin Name of Lim	9 Gen 1US	es,UC
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The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:  Auch Name of Person	rostine
	Bell.	las BAWS	28
	3350 :	5 W 14th K	aQ_
	MiRA	Address MAR II	33027
	E-mail address:	City/State and Zip Code  Office Code  to be used for future annual report notif	Bawes Com
Sta	oncerning this matter, please c	nOat (888) 2	36 575 7 : 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		Street Address:	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

Alla Colley	Cenulses (CC
(Name of the Limited Liability Compa- (A Florida Limited I.	ny as it now appears on our refords.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>4/6000//39</u> 4	were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	dity company here:
The new name must be distinguishable and contain the words "Limited Liabil	by Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	SECOND TO
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AT 30 PH 3: 08
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida  City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

17

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.

City

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

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