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## **COVER LETTER**

TO:	Registration Section Division of Corpor		the second second	ri)	
SUBJI	ECT:	Paul's Pres Name of Lin	SUCE Waz nited Liability Company	\$hing	LLC
		endment and fee(s) are sub		· 14.	
Please	return all corresponde	ence concerning this matter	to the following:		
		Pau	1 Palivoda	Ia:	
		,	Name of Person		
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For fur	ther information conc	E-mail hddress: e erning this matter, please c	(to be used for future annual r	eport normeation	·)
	Paul	Palivoda	at ( <u>G37</u> )	594- Daytime Telep	3032
	Name of Pe	rson	Area Code	Daytime Telep	hone Number
			<b>.</b>		
Enclos	ed is a check for the fe	ollowing amount:		#	
<b>□</b> \$2:	5.00 Filing Fee I	□ \$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

and assigned iability Company as it now appears on our records.) lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Jan. 14 2016 Florida document number <u>L16</u> h00014463. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida 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: or removed from our records: MGR = Manager AMBR = Authorized Member **Address Title** Name | **Type of Action** ☐ Change □ Add ☐ Remove ☐ Change  $\square$  Add □ Remove Change ☐ Remove ☐ Change 🕡 □ Add ☐ Remove □ Change

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Jan Paliva	la
Signature of a member or auti	horized representative of a member
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