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COVER LETTER

I	Registration Section Division of Corporations
SUBJEC	T: East West Moders LLC Name of Limited Liability Company
The enclo	osed Articles of Amendment and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	Christopher M. Calche Aci Name of Person
	East West Moders LLC Firm/Company
	2390 E. International Speedway Bld. Address
	De La de El 32724
	City/State and Zip Code CCalabucci @ gmail.com E-mail address: (to be used for future annual report notification)
For further	r information concerning this matter, please call:
<u>(</u>	Namo of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
(h	s a check for the following amount: Filing Fee \$\sigma \section \
1	Certificate of Status Certified Copy (additional copy is enclosed) 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

TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now ar a Limited Liability Compa	pears on our records.)		
he Articles of Organization for this Limited Liability C			6 and a	ssigned
Torida document number L16 0000 24 505	• •	03101100	and a	ssigned
	 ·			
his amendment is submitted to amend the following:				
. If amending name, <u>enter the new name of the lim</u>	ited liability compan	<u>v here</u> :		
he new name must be distinguishable and contain the words "Lim	ited Liability Company," (the designation "LLC" or the a	ibbreviation "	L.L.C."
inter new principal offices address, if applicable:				CI_
<u>Principal office address MUST BE A STREET ADDR</u>	ESS)	<u> </u>	≅	<u> </u>
			<u> </u>	28
			-2	7.7-1 2.3-1
nter new mailing address, if applicable:			£	79/07 - 71
Mailing address MAY BE A POST OFFICE BOX)	-		Ö	<u>:</u> .
		- <u> </u>	<u>.</u>	<u> </u>
. If amending the registered agent and/or regist egistered agent and/or the new registered office address and a Name of New Registered Agent:	ered office address ress here:	on our records, enter	the name	of the
New Registered Office Address:				
	Enter	Florida street address		
		Florida		
	City		Zip Code	
ew Registered Agent's Signature, if changing Registered				

If Changing Registered Agent, Signature of New Registered Agent

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.

ог removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Timothy Joh Mulling	3 2390 E. International	🗆 Add
		Spordway Bld. DeLed, A 30724	Remove
			Change
MCR	Christopher Mark Calabore	. 1390 E. International Sparding	Add
		Blud. Unil B Delad A 577	•
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Effective date, if other If an effective date is listed, the Note: If the date inserted document's effective date	the date must be specific and in this block does not	nd cannot be prior to date t meet the applicable st	of filing or more than 90 atutory filing requirem	(optional) days after filing.) Pursi ents, this date will n	ant to 605.0 ot be listed)207 1 as :
ne record specifies a The 90th day after	delayed effective the record is filed	date, but not an e i.	effective time, at 1	.2:01 a.m. on th	e earlier	rof
Dated <u>6-39</u>		2018				
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Filing Fee: \$25.00