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COVER LETTER

Division of	Corporations			
SUBJECT:	Name of Lim	MWN LYVICE ited Liability Company	and Office (leanin	5 4
The enclosed Articles	s of Amendment and fee(s) are sub-	mitted for filing.		
Please return all corre	espondence concerning this matter	to the following:		
	_ Juliana	L Mane of Person		
		Firm/Company		
	8541 Ma	ithinia Aut	<u> </u>	
	Jax, FL	32211 City/State and Zip Code		
	Uliana Mar E-mail address: (1	OF OF ON OIL.	notification)	
For further information	on concerning this matter, please ca	ili:		
Juliana	a L. Marcol ne of Person	at (QUU) 465 Area Code Da	ytime Telephone Number	
Enclosed is a check for	or the following amount:		8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 -	
□ \$25.00 Filing Fee	e \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status Certified Copy (1) (additional copy is enclose	U _*

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 OF

The Articles of Organization for this Limited Liability Company were filed on FEDYUGY 12, WILe and assigned Florida document number L1600030335 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

S

Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added for removed from our records:

01 101110	,		
MCD =	Manager	1	•
	• Authorized	Mambar	
AMDK -	· Aumorizeu	Member	

Title	<u>Name</u>	Address	Type of Action
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n effective date is	listed, the date must be spe inserted in this block do	cific and cannot be pri-	or to date of filing or me	ore than 90 days afte	er filing.) Pursuant to	605.0207 listed as
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	Signat	ure of a member or aut	horized representative	of a member		

Page 3 of 3

Filing Fee: \$25.00