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COVER LETTER

SUBJECT:	(vi) 5/11	Jerman Ka		
	Name of Limi	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	lence concerning this matter t	to the following:		
	() NI)	Silverman		
		Name of Person		
	1516 S	Firm/Company Sh S	٩.	
	Deel fiel)	BCN, FL	33441	
	DAVIDETLRE	City/State and Zip Code 6 6 Mall, Cor o be used for future annual repor		
For further information con	cerning this matter, please ca			
David Si	luel man	<u> </u>	36-1563 aytime Telephone Number o	28
Name of P Enclosed is a check for the		Area Code Di	aytime Telephone Number C	5
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of St Certified Copy (additional copyle-	atus &

TO: Registration Section
Division of Corporations

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

Name of the Limited Liability Company as it now appears on our records, (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L 16 0000 3351) 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 City 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

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
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ive date, if other than the date of filing:	o date of filing or more than 90 days after filing.) Pursuant to 60
If the date inserted in this block does not meet the application of state on the Department of State's records.	ble statutory filing requirements, this date will not be lis
cord specifies a delayed effective date, but not	an effective time, at 12:01 a.m. on the earl
e 90th day after the record is filed.	
March 1 2017	
7	_·
Signature of a member or author	

Page 3 of 3

Filing Fee: \$25.00