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| (Requestor's Name) |
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| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Special institutions to riving Officer. |
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COVER LETTER

| TO: Registration Sec Division of Corp | | | |
|--|--|---|--|
| SUBJECT: 84 | Name of Lim | ited Liability Company | |
| The enclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | dence concerning this matter | to the following: | |
| | Chant | Name of Person | |
| | BYB Inv | Firm/Company | |
| | 1635 U G | Address | |
| | Delad | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report notifi | cation) |
| For further information co | ncerning this matter, please ca | alt: | |
| Charitanico | Ferson | at (3810) 453 Area Code Daytime | Telephone Number |
| Enclosed is a check for the | 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 Cep; (additional copy is enclosed) |

TO:

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 FU 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 Liabili | ity Company were filed on2/10/20 | and assigned |
|--|---|--|
| Florida document number LICOCO 341- | <u> </u> | |
| This amendment is submitted to amend the following | g: | |
| 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" of | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | <u></u> | |
| (Principal office address MUST BE A STREET AI | DDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | • | enter the name of the new |
| Name of New Registered Agent: | | 3.5. 30 3.5. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. |
| New Registered Office Address: | | |
| New Registered Office Hugess. | Enter Florida street address | 92 |
| <u> </u> | , Flori | ida - Co |
| | City | Zip Coise |

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:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|------------------|------------------|
| MGR | Joseph D. EIIIS | 1200 Brantay Lan | Add |
| | | Delad, F. 32720 | ☐ Remove |
| | | | Change |
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| ve date, if other than the date of filing: | (0 | ptional). | |

Page 3 of 3

Filing Fee: \$25.00