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(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Dx	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Sec Division of Corp			. ***
SUBJECT:	Name of Limit	ited Liability Company	UC
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	-Andre	Name of Person	
	First	Firm/Company	A
	POP	Address	33
	Fern	City/State and Zip Code	30030
entar 1 st es 1 se es	E-mail address:	to be used for future annual report notif	Depoul. Confication)
For further information co	oncerning this matter, please ca	all:	· : / /
Name of	Person	at (200) Daytime	e Telephone Number
Enclosed is a check for th	e 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 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 OF

(Name of the Limited Liability Company as (A Florida Limited Liability	it now appears on our records.)
The Articles of Organization for this Limited Liability Company were	i V
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 Co	ompany," 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 registered agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new
New Registered Office Address:	Enter Florida street address Orida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	(2) (2) (2)
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfacept the obligations of my position as registered agent as provibeing filed to merely reflect a change in the registered office addicompany has been notified in writing of this change.	formance of my duties, and Lam familiar with and ided for in Chapter 605, F.S.Or, if this do cum ent is

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 = AI	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Fern Pary 132	Remove
			Change
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fective date	if other than to is listed, the date	the date of must be spec	f filing:	annot be pr	ior to date o	filing or mo		_ (option avs after fi		suant to 605.02
te: If the da	te inserted in this	s block doe	s not me	et the app	licable stat					
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	····	Signatu	fe of a me	ember or au	thorized rep	resentative of	of a member	SSEE. F	œ	

Page 3 of 3

Filing Fee: \$25.00