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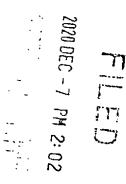
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: BO		y Restal 9, L	10
) ,	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
		Stacy Rice	
	Bounce	e Away Penta	els, LC
	7550 N	W 1904h 34 Address	
	Themen	FL 32493 City/State and Zip Code	
	bounce E-mail address:	awayvertol. Que (to be used for fulure annual report notification	giu
For further information c	oncerning this matter, please c	call:	
SHOU Name o	cy Rice	at 352, 440-0	9949 phone Number
Enclosed is a check for th	ne following amount:		,
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1 & 00 00 4491</u> 9	were filed on $\frac{MM}{3}$, $\frac{3}{2010}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	7550 NW 18041 53 TRANTON FL 37493
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7550 NW 1804h 38+177 TRUMEN FL 32493
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	tacy Rice
New Registered Office Address:	Emer Florida street address LTH 32 Q 9 3 City Zip Code

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>	Name	Address	Type of Action
NGRM	Waylon Rippy	7111 NW 1604h St. TREMON FL 321693	🗆 Add
		TREMON FL 32493	[Arcmove
			□Change
16RM	Stacy Rice	7550 NW 484h TER TREMTON FL 321093	
U		TREATON FL 321093	Remove
			🗆 Change
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effective date is listed, the da <u>e:</u> If the date inserted in (	in the date of filing:	e applicable statutory fil	OQO (option more than 90 days after the fing requirements, this	iling,) Pursuar	nt to 605.020 be listed as
cord specifies a delayed el i filed.	ffective date, but not an eff	ective time, at 12:01 a.m	, on the earlier of: (b)	The 90th d	lay after the
ed <u>OC</u> 29	. 2	2020			
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Filing Fee: \$25.00