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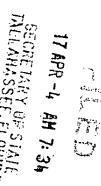
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COVER LETTER

SUBJECT:	respondence concerning this matter to the following: Paula Lewis Name of Person I Woody UC Firm/Company 13451 McGregar Blvd Unit 29 Address Address Address Address Address Address Address City/State and Zip Code Plewis @ America Approved Com Femail address: (to be used for future annual report notification)		
he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: Paula Lewis Name of Person I Woody LLC Firm/Company 13451 MCGregor Blvd Unit 29 Address Address Address City/State and Zip Code Plemail address: (to be used for future annual report notification) or further information concerning this matter, please call:			
Please return all corres	spondence concerning this matter	to the following:	
	$\mathcal{P}_{\mathcal{U}}$	aula Lewis	
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please of Person 100			
	Articles of Amendment and fee(s) are submitted for filing. I Articles of Amendment and fee(s) are submitted for filing. I Articles of Amendment and fee(s) are submitted for filing. I Area Code Name of Person I Woody LLC Firm/Company I 3451 MCGregor Blvd Unit29 Address Address PL-MYS EL 33919 City/State and Zip Code PL-mail address: (to be used for future annual report notification) Information concerning this matter, please call: Area Code Name of Person a check for the following amount: Certificate of Status Certificate of Status Certificate of Status & Certified Copy Certificate of Status & Certified Copy Certificate of Status		
	A. Mu	City/State and Zip Code	9
	Plemis E-mail address:	(to be used for future annual report notif	ppivved.com
For further informatio			
	a Lewis	at (239) 719 Area Code Daytime	- 2158
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Enclosed is a check fo	r the following amount:		
\$25.00 Filing Fce		Certified Copy	Certificate of Status &

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

1 woody uc						
(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 3/3/2016 and assigned Florida document number <u>L/6000044955</u> This amendment is submitted to amend the following:						
The new name must be distinguishable and contain the words "Limited Liabili	ty 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 of registered agent and/or the new registered office address here						
Name of New Registered Agent:	AP PR					
New Registered Office Address:	Enter Florida street address , Florida					
New Registered Agent's Signature, if changing Registered Agent:	City Zin Code					

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 Title <u>Name</u> MGR Craig Serabeck 13451 McGregor Blud Unit 29

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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of fore: If the date inserted in this block does not meet the applicable statut cument's effective date on the Department of State's records.	(optional) iling or more than 90 days after filing.) Pursuant tory filing requirements, this date will not	t to 605.02/ be listed a
record specifies a delayed effective date, but not an effective 90th day after the record is filed.	ective time, at 12:01 a.m. on the	earlier
march 24, 2017		
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Page 3 of 3

Filing Fee: \$25.00