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(Re	equestor's Name)		
, (Ad	ldress)		
(Ac	ldress)		
(Cir	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL .	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
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2017 JAN IO PH IS: 54 SECRETARY OF STATE

K. SALY JAN 12 2017

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: IM K	not Ready L	LC	
SUBJECT:		ited Liability Company	
The analoged Assistances A		to the one	
	mendment and fee(s) are sub	•	
Please return all correspond	dence concerning this matter	to the following:	
	Cuptal-	Hall Name of Person	
	U		
	Im Knot	Ready	
		Firm/Corn any	
	6571 Nova	Drive Suite 3	71
	Davie 1	FL 33317 City/State and Zip Code	
	A		
		kmenow.net to be used for future annual report notifi	cation)
For further information cor	cerning this matter, please ca	all:	
Crystal H	all	at (95V) 479-8 Area Code Daytime	274
Name of F	Person	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 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

2017.11	FIL	ED
TALLAHAS	ARYOF	M \$54
·		LORID

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: 2017 JAN 10 PM 4 54 MGR = Manager AMBR = Authorized Member <u>Title</u> Name 1 Address **Type of Action** ☐ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add _□ Remove _□ Change _□ Add _□ Remove _□ Change _ Add _□ Remove _□ Change □ Add □ Remove

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	ange(s) here: (Attach additional sheets, if necessary.) 2017 JAN 10 PM 15 54
	SECRETARY OF STATE FALLAHASSEE, FLORID/
	TALLAHASSEE, EL ASTATE
	Congu).
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Effective date, if other than the date of filing:	:(optional)
f an effective date is listed, the date must be specific and c	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 set the applicable statutory filing requirements, this date will not be listed as
ne record specifies a delayed effective da The 90th day after the record is filed.	ate, but not an effective time, at 12:01 a.m. on the earlier of
Dated 1/04/17	
pared,	
OHAV	ember or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00