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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	FYERT Name of Limi	ENTERPRISE	(LC_
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:	
	0	PAU (FC) Name of Person	
		PT JUTER PRISE	LLC
	944	O Woodcrone Dr.	
		City/State and Zip Code	34787
	E-mail address: (1	ean real for ea mail. Co	cation)
For further information co	ncerning this matter, please ca	all:	
O2. Name of	CLL.	at (<u>VA</u>) <u>AS2</u> Area Code Daytime	- 4566 Telephone Number
Enclosed is a check for the	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

2019 SEP 17 AM 10: 24

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liability Company)	Y as It now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company with Florida document number 1.16.0005405!	were filed on <u>103/16/12c16</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable:	1020 Burtlett Cd, Odedo FL 32765
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1020 B-116H CA, Overdo FL 32765
B. If amending the registered agent and/or registered offi- registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent: Batuken	Exict Admon
New Registered Office Address: 1020 3	wallett Ct.
	Enter Florida street address Florida 32765 City Lap 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

Title	<u>Name</u>	Address	Type of Action
MER	Ozon (Ifc:	9440 Woodware Dr.	
		9440 Mooderone Dr. Winter G.	reln FL 36787 Remove
			Change
			☐ Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change
			Remove
			Change
			
			□ Remove
			Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
Note:	tive date, if other than the date of filing: 13/13/2019 (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	09113/2019
	Character of the control of the cont
	Signature of member or authorized representative of a member
	O'Z:AA CIFCI Typed or printed name of signee
	Typed or printed name of signee

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Filing Fee: \$25.00