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COVER LETTER

TO: Registration Division of 0	Section Corporations	, , , , ,	•
SUBJECT:	Enc Jaris Name of Lim	ited Liability Company	
X-1	name corre	iction due	to thook
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	,
Please return all corre	spondence concerning this matter	to the following:	
	Enc &	Name of Person	
	Enc 1	Firm/Company	· · · · · · · · · · · · · · · · · · ·
	131 Ced	Address	
	Cocoaf	Secucion FC 30 City/State and Zip Code	2931
	E-mail address: (15482 @ cm to be used for future annual report notil	ail.com
For further information	on concerning this matter, please ca	all:	
C\C _{Nan}	Jan S ne of Person	at (321) 848 Area Code Daytima	5-1692 Telephone Number
1,	or 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

(Name of the Limited Liability Co	ompany as/it	LLC now appears on	our records.)			
(A Florida Lim	ited Liability	Company)				
The Articles of Organization for this Limited Liability Comp	pany were fi	led on <u>M</u>	urch 2	24 2 Cambussigned		
Florida document number				•		
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited	lishility co	mnany here:				
		\ <i>C</i>				
The new name must be distinguishable and contain the words "Limited I	Liability Com	pany." the design	ation "LLC" or	the abbreviation "L.L.C."		
·		,				
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>			6		
				SS		
Catana and made and decay of any black last						
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)				20 90 FM		
				D		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:		ldress on our	r records, <u>e</u>	nter the name of the new		
New Registered Office Address:						
	Enter Florida Street address					
			. Florid	la		
	City	y	, I 1011Q	Zip Code		
New Registered Agent's Signature, if changing Registered Ag	<u>rent:</u>					
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete perfort t as provide	mance of my o ed for in Chap	duties, and I ter 605, F.S.	am familiar with and . Or, if this document is		
īf	Changing Re	gistered Agent,	Signature of No	ew Registered Agent		

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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 = M $AMBR = A$	Ianager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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ectivo	e date. if oth e r ti	han the date of fi	ling:	_			(option	al)	
effect	tive date is listed, the	date must be specific n this block does no	and cannot	t be prior to de	ate of filing or statutory fil	more than 9	0 days after fi	ling.) Pursuar	it to 605.0 be listed
		on the Department			,		,		
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		lelayed effective the record is file		but not a	n errective	time, at	12:U1 a.	m. on the	earner
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ted	Mourch	151		<u> </u>					
		5	(* ·)						
		Signature o	f a membe	r or authorize	d representati	ve of a mem	ber		
			, ,	•					

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Filing Fee: \$25.00