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J. HARRIE

COVER LETTER

TO: Registration Section **Division of Corporations** ne 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: o Dr. Philips Blow #267 rich and address: (to be used for future innual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Siphon	LLC.				
(Name of the Limited Liabili (A Florida	ity Company as it now appears on o a Limited Liability Company)	our records.)			
The Articles of Organization for this Limited Liability C		ich 28, 6	2016	and as	sign e d
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	nited liability company here:				
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designa	ntion "LLC" or t	he abbrevi	ation "L	.L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDI	RESS)		Sic	<u> </u>	
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			raping of the state of the stat	9	3
Enter new mailing address, if applicable:					P. Mag
(Mailing address MAY BE A POST OFFICE BOX)			Tig	Tom By and By areas	1 13-4
			25	Ċċ	Years.
			B M	$\ddot{\sim}$	
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, <u>en</u>	ter the	name	of the new
Name of New Registered Agent:		**************************************	***************************************	·	
New Registered Office Address:	11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -				
	Enter Florida sti	reet address			
		, Florid:	a		
	City		Z	Zip Code	-
New Registered Agent's Signature, if changing Registere	ed 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 = At	uthorized Member		
Title	<u>Name</u>	Address	Type of Action
MGR_	Marlowe Management:	Inc. 4375 Cory Corner R Marion NY 14505	e ∫_□ Add
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