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(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	· #)
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SECRETARY OF STATE

BRUCE

COVER LETTER

TO: Regist	ration Section of Corpo			
	B3 & Comp	any, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed A	rticles of Ar	nendment and fee(s) are sub-	nitted for filing.	
Please return all	l correspond	lence concerning this matter	to the following:	
		Thomas G. Bolen III		
			Name of Person	
		TB3 & Company, LLC	فتري	
Firm/Company				
6232 Raleigh St. Apt 506				
			Address	
		Orlando, FL 32835		
			City/State and Zip Code	
		bolen.thomas@gmail.com		
			to be used for future annual report notificati	on)
For further info	rmation con	cerning this matter, please ca	ıll:	-1 ~ 2
Thomas G. Bol	len III		703 2963638 at ()	ALL SECOND
	Name of P	Person		ephone Number Heri ASSET OF
				SSET O I
Enclosed is a ch	eck for the	following amount:		700
■ \$25.00 Filin	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sertificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	Registrati Division (P.O. Box	IG ADDRESS: ion Section of Corporations 6327 iee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany as it now appears on our rec d Liability Company)	cords.)
y were filed on <u>04/11/2016</u>	and assigned
bility company here:	
bility Company," the designation "l	LLC" or the abbreviation "L.L.C."
	
	
office address on our reco ere:	ords, enter the name of the
	SEC SEC
Enter Florida street ad	ASS
City	, Florida O Zip Code
<u>t:</u>	75
	I further agree to comply with s, and I am familiar with and 05, F.S. Or, if this document is
	bility company here: bility Company," the designation " coffice address on our recore: Enter Florida street and City t: gree to act in this capacity.

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

<u>Title</u>	<u>Name</u>		<u>Address</u>	Type of Action
MGR	Thomas G. Bolen III	_	6232 Raleigh St. Apt. 506 Orlando	■ Add
				□ Remove
				☐ Change
	 	_		Add
				Remove
				Change
		_		□ Add
				□ Remove
				☐ Change
		-		Add
				Remove CREATER CRANGE ALCO Change
				Media Add
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`an effective date is list lote: If the date inse	her than the date o ed, the date must be spec erted in this block doe date on the Departme	cific and cannot be press not meet the app	rior to date of filing or blicable statutory fil	(opti more than 90 days after ing requirements, thi	r filing.) Pursuant to 60	05.020° sted as
	es a delayed effec		not an effective	e time, at 12:01 a	a.m. on the ear	lier c
	iter the record is			4.0		
The 90th day at	(1/1 /	ZB16 SEC	945-13
The 90th day at			7		2016 NAY SECRETA	and I
e record specifie The 90th day af		, ure of a mornier or a	uthorized representati	vs of almember	2016 MAY 16 1 SECRETARY 9 ALLAHASSEE	

Page 3 of 3

Filing Fee: \$25.00