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Certified Copies	_ Certificate:	s of Status
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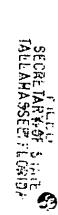
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COVER LETTER

TO: Registration Division of C		·		
	Destination	Parle 110		
SUBJECT:		d Liability Company		
The enclosed Articles	of Amendment and fee(s) are submi	itted for filing.		
Please return all corres	pondence concerning this matter to	the following:		
	Mc	Name of Person Afron Apol	elter	
		Name of Person		
	Destina	ation tool.	s LLC	
	<u>4271 Be</u>	MOUA AVE. Address		
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	North 1	City/State and Zin Code	J7000	<u> </u>
	destination	Ort FL City/State and Zip Code On Dool S @ be used for future annual	amail.	:0m
	E-mail address: (to	be used for future annual.	report notification)
	concerning this matter, please call	: '		
Michae	el P. Letzeltur	at (<u>94/</u>) Area Code	101e2 - 5	<i>52</i> 3
Name	e of Person	Area Code	Daytime Teleph	hone Number
Enclosed is a check for	r the following amount:	,		
□ \$25.00 Filing Fee	区\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enc		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi	ILING ADDRESS: stration Section	Registrat	T/COURIER At	DDRESS:
	sion of Corporations Box 6327	Clifton B		
Talla	nhassee, FL 32314		ecutive Center Ci see, FL 32301	rele

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on April 25, 2016 Florida document number <u>L/60000</u>80385 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cir 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

Page 1 of 3

	Authorized Person(s) authorized to main our records:	nage, <u>enter t</u> 	he title, name, and address of each	person being added
MGR = Ma AMBR = Au	anager athorized Member			
<u>Title</u>	<u>Name</u>	Address		Type of Action
M6R	Ronald Hollis	189	123 Gypsy Ave Churlotte, FL	Ø Add
		Port	Churlotte, FL	🗆 Remove
		i	33954	Change
<u>AMBR</u>	_Sabrina_Iwanavicz	427	Renova Ave	CF Add
		Nor	In Port, FL 34286	☐ Remove
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_	J/W Sign	nature of a member or	authorized repr	esentative of a mo	mber		
	Micha	el P. Letz	elter				
		Typed or p	printed name of	signee		-	
		p	age 3 of 3				

Filing Fee: \$25.00