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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 Lia	bility Company as it now rida Limited Liability Com	appears on our records.)		
The Articles of Organization for this Limited Liability Florida document number 110008487		on 4-29-1	and assig	gned
This amendment is submitted to amend the following	:			
A. If amending name, <u>enter the new name of the l</u>	imited liability compa	<u>ny here</u> :		
The new name must be distinguishable and contain the words "l	Limited Liability Company,	"the designation "L1.C" of	or the abbreviation "L.L.	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
			<u></u>	
Enter new mailing address, if applicable:			17 FEB	era Prop.
(Mailing address MAY BE A POST OFFICE BOX)			\$33 \$33 \$33 \$33 \$33 \$33 \$33 \$33 \$33 \$33	Fastiches.
			AM 7	to the strong
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office addre ddress here:	ss on our records,	enter the name o	<u>f the</u> nev
Name of New Registered Agent:				
New Registered Office Address:	Ent	er Florida street address		
		, Flor	rida	
_	City	, rior	Zip 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	Name	Address	Type of Action
MGRM	Mario Brown	235 East Street	□ Add
		235 East Street Crestilew, FL 32539	🏿 Remove
			Change
			🗆 Add
			□ Remove
			🗆 Change
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	D.F.	ယ်.	
Effective date, if other than the date of filing: 2-2017 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more to Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.			
the record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.	e, at 12:01 a.m. on t	:he ea	rlier of:
Dated 2-13-2017. Signature of a member or authorized representative of a	a member		
Han Brown Typed or printed name of signee			

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