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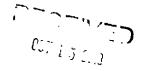
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PICK-UP WAIT MAIL
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M. MILLIGAN OCT 20 2018

## COVER LETTER

TO:		Registration Section Division of Corporations					
SUBJ	AAA Sew-	Vac					
SUBJ	EC1:	Name of Lim	ited Liability Company				
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		Nancy Hardee					
		AAA Sew-Vac	Name of Person				
		741 S. Orange Blossom Tr	Firm/Company ail				
		Apopka, Florida 32703	Address				
		AAASEWNVAC@AOL.COM	City/State and Zip Code				
		E-mail address: (	to be used for future annual report notif	ication)			
For fu	rther information co	oncerning this matter, please ca	alt:				
Nanc	y G Hardee		407 886-4666				
	Name o	f Person		Telephone Number			
Enclos	sed is a check for th	ne following amount:					
□ \$2	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

AAA Sew-Vac		
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	ability Company were filed on May 9, 2016	and assigned
lorida document number L16000090833	·	
his amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
he new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
Principal office address MUST BE A STREE	TADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE I	30X)	
	or registered office address on our records,	enter the name of the n
egistered agent and/or the new registered of	ice address here:	
Manna of Naur Dagiotagod Aganti		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		da
	City.	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AP	Darren Hardee	2347 Sebastian Street	
		Mount Dora, Fl. 32757	₩ Add
			□ Remove
		-	Z Kemove
			☐ Change
AP	Christina Hardee	2347 Sebastian Street	
		Mount Dora, Fl. 32757	
			□ Remove
			- Remove
		****	🖟 Change
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			10/11/2018			
(If an effe Note:	ctive date is listed, the i If the date inserted in		d cannot be prior to neet the applicab		(optional) than 90 days after filing.) equirements, this date w	
		elayed effective one record is filed.		an effective tim	ne, at 12:01 a.m. o	n the earlier of:
Dated _	October 11		2018			
<i></i>		$\overline{}$		CAN	1	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00