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## **COVER LETTER**

TO:	Registration Se Division of Cor			
		SITIONS LLC		
SUBJE	CT:		ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please i	return all correspo	ndence concerning this matter	to the following:	
		Daniel Kennerly		
			Name of Person	
			Firm/Company	
		6418 Milner Blvd., Suite E	3	
			Address	
		Orlando, FL 32806		
		danielkennerly@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
Daniel	Kennerly		407 205-6000 at ()	
	Name of	f Person	Area Code Daytime	: Telephone Number
Enclose	ed is a check for th	e following amount:		
<b>=</b> \$25	5.00 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:

TO:

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 Liability Comp. (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company  1.16000096393  Library	ability Company were filed on	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		-10
		22
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ecords, <u>enter the name of the r</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		_, Florida
	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 régistered 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Daniel Kennerly	6418 Milner Blvd., Suite B	
		Orlando, FL 32809 US	Adu
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ecord specifies a delayed ne 90th day after the reco		an effective time, at	: 12:01 a.m. on the e	arlier
January 17	2017			
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<u> </u>	Signature of a member or autho	rized representative of a mem	ber	

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Filing Fee: \$25.00