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S. YOUNG

## COVER LETTER

TO: Registration S Division of Co	ection rporations				
SUBJECT:	$\searrow$ $\downarrow$ $\searrow$	to Scles CCC ited Liability Company	··		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp-	ondence concerning this matter	to the following:			
	Dietric	Name of Person	land	·	
		Firm/Company			
	1540	S. Adamo #F			
		Address			
,		City/State and Zip Code  WH72 O GMC/1  to be used for future annual report notifi	2301 COM	16 AUG I	SEURETAF SEURETAF TAH AHAS
For further information (	E-mail addyess: ( eono-ming this matter, please of	•	ication)	9 AM	SECT SECTION
Dietrick	Sutherland	rea Code Daytime	3093 Telephone Nun.ber	8: 00	FOUND!
· Name (	of Person	_ rea Code Daytime	Telephone Nun.ber		L-
Englosed is a check for t	the following amount:				
\$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

The Articles of Organization for this Limited Liability Company were filed on 5-20-2016 and assigned Florida document number 116000 98878.

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 wo	rds "Limited Liability Company," the designa	
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	<u>ਨ</u>
		19
		=======================================
Enter new mailing address, if applicable:		<u>ක්</u>
(Mailing address MAY BE A POST OFFICE B	OX)	00
B. It amending the registered agent and/o registered agent and/o like new registered off		records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	reet 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 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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

MGR = Manager

AMBR = At	uthorized Member		
Title	Name	Address	Type of Action
Agent	Dietrick Sülberfond	Tellchoole 40.32301	D Add
		Tellchopole 40.32301	Remove
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Note	ffective date, if other than the date of filing:	505:0207 (3)(b) isted as the

Page 3 of 3

Filing Fee: \$25.00