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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Onalhan (sern	<u> 165</u>
•	Wax	Firm/Company	
	8805	Jumi ami Address	rail North Suite 131
	Naples, bea	City/State and Zip Code	8 @gmail.com
Dan Gurden in Commention o	E-mail address: (oncerning this matter, please c	to be used for future annual report notifi	eation)
So v a		at (<u>339</u>) <u>249</u> - Area Code Daytime	2800 Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fec	□ \$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

(Name of the Limited Liability Co	ompany as it now appears on our records.) ited Liability Company)		
The Articles of Organization for this Limited Liability Comp		and as	signed
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 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)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, <u>enter</u>	the name	
Name of New Registered Agent:			Francisco Constitution of the Constitution of
New Registered Office Address:	Enter Florida street address	0RIUA	· · · · · · · · · · · · · · · · · · ·
	, Florida	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:

	nnager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mar	Jonathan German	8805 Janiani Trail Nos	11 a Add
		Suite 131 Naples, FL3	Yla Temove
			Change
Mar	Jonathon Germon	8805 Timioni Trail North	
		Suite 131 Noples, Fl3	VIA Remove
			Change
Mar.	Jeffery Davis	2805 Tomiami Troille	orthan Add
		Suite 131	□ Remove
		Naples, FL 34108	Change
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ffecti	ve date, if other than the date of filing:(or tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at	otional)	 පො	 405 0207
lote:	If the date inserted in this block does not meet the applicable statutory filing requirements, tent's effective date on the Department of State's records.	his date will	not be l	listed as
	ord specifies a delayed effective date, but not an effective time, at $12:01$ 90th day after the record is filed.	l a.m. on	the ea	rlier of
ated _	July 5 2016.			
		_		_
	Signature of a member or authorized representative of a member			
	Signature of a member or authorized representative of a member			

Page 3 of 3

Filing Fee: \$25.00