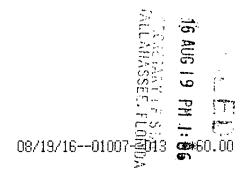
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## **COVER LETTER**

то:	Registration Secti Division of Corpo			
SUBJI	ECT:	Name of Limited	Benting LLC d Liability Company	
The en	iclosed Articles of An	nendment and fee(s) are submi	itted for filing.	
Please	return all correspond	ence concerning this matter to	the following:	
		Adı	Name of Person	
	·	M,	Edleton P. 14. Firm/Company	
		146	9 Muket St-	
			Mulussee TC City/State and Zip Code	32312
		advian @ St E-mail address: (10	foowork order. be used for future annual report notific	constation)
For fur	ther information con-	ecrain, this matter, please call	:	
	Advin Name of P	Middele	at (POU) 72 8 Area Code Daytime	Z465 Telepho Shumber
Enclos	sed is a check for the	following amount:		
	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: 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 Company a (A Florida Limited Liabi	s it now appears on our records.)
The Articles of Organization for this Limited Liability Company wer	و المرابع
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 Liability C	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)	
_	
Enter new mailing address, if applicable:	72 76 PE
(Mailing address MAY BE A POST OFFICE BOX)	エデ <b>ら</b>
· -	
B. Beabending the registered agent and/or registered office registered agent and/or the new registered office address here:	e readress on our records, enter the name of the new
lame of New Registered Agent:	3
New Registered Office Address:	Enter Florida street address
	Florida
· · · · · · · · · · · · · · · · · · ·	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·

New Registered Agent's Signature, it 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

MGR = M $AMBR = A$	anager uthorized Member		
<u> Title</u>	Name	Address	Type of Action
MGR	Avetina Vega	5219 DeHona Blad.	Add
	-	5219 DeHona Blud. Springhill FL 34609	□ Remove
•			□ Change
			D Add
			Remove
			Change
			□ Add
	•		D Remove
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·			SS 19 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	-				<del></del>						` <u>⊒</u> `

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Filing Fee: \$25.00