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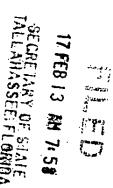
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:	Registration Sec Division of Corp			
CIIDI		LL ME LLC		
3000	ECI:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub-	_	
Please	return all correspor	ndence concerning this matter	to the following:	
		ALFONSO MURILLO		
			Name of Person	
			Firm/Company	
		2621 RIDGE AVENUE		
			Address	,
		SARASOTA, FL 34235		
		A ENGINEER COCKAN CO	City/State and Zip Code	
		AEMURILLO@GMAIL.Co E-mail address: (OM to be used for future annual repo	rt notification)
For fu	ırther information co	oncerning this matter, please ca	all:	
ALFO	ONSO MURILLO		941 350-28	34
	Name of	Person	at () Area Code D	Daytime Telephone Number
Enclo	sed is a check for th	e following amount:		
3 \$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)
		de la faction	~ ·	\
	MAILI	NG ADDRESS:	STREET/CO	OURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

P.O. Box 6327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THREE STILL ME LLC		
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	ty Company were filed on 07/27/2016	and assigned
Florida document number L16000141019	·	
This amendment is submitted to amend the following	3:	
A. If amending name, enter the new name of the l	limited liability company here:	
THREE IS ME LLC		
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
		÷
B. If amending the registered agent and/or re		nter the mame of the ner
registered agent and/or the new registered office a	address here:	
		A A A
Name of New Registered Agent:		S 3 C
New Registered Office Address:		19 B 77
· · · · · · · · · · · · · · · · · · ·	Enter Florida street address	2 7
	, Florid	
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			
			□ Remove
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01000	O 17	•	s, if necessary.)	
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		4	_ (optional)	
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Filing Fee: \$25.00