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COVER LETTER

TO:	Registration Sect Division of Corpo					
SUBJI	·CT·	PIAF	RO, LLC			
30001		Name of Limi	ited Liability Company			
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please	return all correspond	dence concerning this matter	to the following:			
			Valin Fialin Name of Person	ta		
			TAPRO, LLC			
		609	Firm/Company Fathern C+			
			Address			
		Tau	City/State and Zip/Code	33602		
		KarinPia	centeras smail	. Com	2016 SEP	s Gradare
		·	to be used for future annual report notific	cation)	- <u>6</u>	Program Comments
For fur	ther information con	roerning this matter, please ca	ili: 	-1015 Fax	<u>-</u> บ	
	Name of P	Person	Area Code Daytime	Telephone Number	₩: 02	لسيية
Enclos	ed is a check for the	following amount:				
7 . \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filin Certificate Certified C (additional co	of Statu	
	Registration Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	tions ter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	APROLLC Liability Company as it now appears on Florida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liab	ility Company were filed on 07	-24-2016	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company here:		
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the design	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET)	ADDRESS)		8
		(A)(E)	l i i
Enter new mailing address, if applicable:	 	に 円 気 家	D M
(Mailing address MAY BE A POST OFFICE BO	<u></u>	<u> </u>	02
B. If amending the registered agent and/or registered agent and/or the new registered offic Name of New Registered Agent: New Registered Office Address:	e address here:	Pracenta n Ct.	he name of the new 33602 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 = Ma $AMBR = Au$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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ffective date, if other than the date of filing:			(opti	onal)		
an effective date is listed, the date must be specific and cannot be p tote: If the date inserted in this block does not meet the ap	plicable statu		90 days afte	r (iling.)		
ocument's effective date on the Department of State's reco	ords.					
e record specifies a delayed effective date, but	not an eff	ective time, a	t 12:01	a.m. o	n the e	arlier
The 90th day after the record is filed.						
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Ma III	1 100	A				
Signature of a member or a	nuthorized repr	esentative of a me	mber			_

Page 3 of 3

Filing Fee: \$25.00