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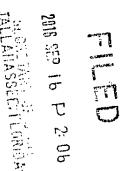
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Section Division of Corporation		4 14 14 14 14 14 14 14 14 14 14 14 14 14		
SUBJECT: DAME		E ENTERTZINIMER nited Liability Company	<u>1</u> 4	
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
		Name of Person		
		Firm/Company		
	734 Mill	VALLEY PL		
		Address		
	W.P.B.	FL 33409		
	Monandee	City/State and Zip Code 2016 @ AMRI - COW	2118	-3. .1
	E-mail address: (to be used for future annual report notification		⁽) Anderson _T Colleges Market
For further information con	cerning this matter, please c	ail:	issen to F	
Anthony		at (561) 631-016 Area Code Daytime Tele	phone Number 70 0	
Name of P	erson	Area Code Daytime Tele	phone Number	
Enclosed is a check for 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

DIZMOND ZMPIR		Enit
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our reco a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C	Company were filed on 8/03/	16 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		22
(Principal office address MUST BE A STREET ADDI	RESS)	
		The second secon
		Service D
Enter new mailing address, if applicable:		7 2 2 2 CR
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
	,]	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

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR.	CASSEL WALFORD	734 Mill Valley PL	√ 2 Add
			□ Remove
			Change
			🗆 Add
		,	Remove
			Change
			Add
			□ Remove
			☐ Change
		ALLA	Cl_Remove]
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			Change
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			□ Remove
			Change

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tive date, if other than the date of filing:	(optional)
If the date inserted in this block does not meet the applicable statutor	y filing requirements, this date will not be listed
nent's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effect e 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier
SEPTEMBER 12 2011	
- CHICK IA, AUTO.	
•	
SEPTEMBER 12, 2016. Signature of a member or authorized representations.	

Page 3 of 3

Filing Fee: \$25.00