Floridal Department of State Division of Conferations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Account Number	: I20000000019	FICING SERVICE, INC.	
	Phone	: (305)552-5973		
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Electronic Filing Menu

Corporate Filing Menu

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JUL 23 2019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on 08/12/2016	and assigned
Florida document number L16000151360		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	ollity company here:	
N/A	· · · · · · · · · · · · · · · · · · ·	;;; 2
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS		22
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	N/A	: 5 : 171 : 5
Enter new mailing address, if applicable:	TVA	<u></u>
Mailing address MAY BE A POST OFFICE BOX)		
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Name of New Registered Agent: NA NA	ffice address on our records, <u>e</u> :	nter the name of the r
egistered agent and/or the new registered office address her	ffice address on our records, ener.	nter the name of the r
Name of New Registered Agent: NA NA	<u>.</u>	

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> MGR	<u>Name</u> VERRIER, PAOLA C	Address 300 BAYVIEW DR	Type of Action
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are mark uperion ill iffit i	tock does not asset the applicable statutory tiling teaming	rements, this date will not be listed as the
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1 - Com	Signature of a member or authorized representative of a me-	mber