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COVER LETTER

	Registration Secti Division of Corpo					
CUBIEC	34190 Highw					
SUBJEC	T:	Name of Limit	ed Liability Company			
The enclo	osed Articles of Ar	mendment and fee(s) are subn	nitted for filing.			
Please ret	urn all correspond	lence concerning this matter to	o the following:			
		Debbie A. Faulkner				
			Name of Person			
		Burke Faulkner Law, P.A.				
	Firm/Company					
	3106 Palm Harbor Blvd., Suite B					
Address						
		Palm Harbor, FL 34683				
			City/State and Zip Code			
	Name of Person Burke Faulkner Law, P.A. Firm/Company 3106 Palm Harbor Blvd., Suite B Address Palm Harbor, FL 34683 City/State and Zip Code debbie@burkefaulknerlaw.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call:					
		E-mail address: (to	o be used for future annual report notifica	ition)		
For furth	er information con	cerning this matter, please ca	II:			
Debbie A	A. Faulkner		at ()			-k
Enclosed	Name of F	Person following amount:	Area Code Daytime T	elephone Number	ing Fee,))
	00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Fili	ng Fee.	jerry -
= \$\psi_2\text{\$\gamma\$}\$.	7 Time Lee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate Certified (e of Status &	I and a

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

34190 Highway 19, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 8/18/2016 and assigned Florida document number L16000154860 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 Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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.

City

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>	<u>Name</u>	Address	Type of Action
MBR	NEW FRISKY MISS, LLC	2090 Matecumbe Key Rd Apt1707	
		Punta Gorda, FL 33955	■ Remove
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Note: If the date inserted in t	his block does not me	eet the applicab	date of filing or mo	re man 90 days and requirements, thi	s date will	not be lis	sted a
document's effective date on	the Department of St	ate's records.				99:	
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the record specifies a de The 90th day after the		ate, but not a	an effective tir	me, at 12:01	a.m. on	the earl	lier (
Dated October 4	·	2016	, •				
Sela a Laute			···-				
	Signature of a n	ember or authori	ed representative of	of a member			

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Filing Fee: \$25.00