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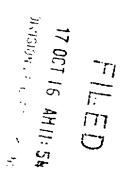
(Re	equestor's Name)	
(Ad	dress)	
· (Ad	dress)	
(Cit	ry/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER.

TO: Registration S Division of Co				
SUBJECT:	F/crida 12 Name of Lim	ited Liability Company	LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Panl 5	Name of Person		
		Builds Firm/Company		
	7805 5	ugar Ben Address	d Drive	≦
	Orlando,	FL, 328 City/State and Zip Code	5/9	
	Paul 328/ E-mail address: (t	o be used for future annua	report notification)	
For further information c	oncerning this matter, please ca	JI:		
Paul Sve	Person	at (407) Area Code	7/5-84 Daytime Telepho	595 one Number
Enclosed is a check for th	e following amount:			
\$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		\$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 ARTICLES OF ORGANIZATION · **OF**

Mame of the Limited		any as it now appears on our records.)
The Articles of Organization for this Limited Liab Florida document number $4/600/$	oility Compan	y were filed on $\frac{(8/22/20/6)}{2}$ and assigned
This amendment is submitted to amend the follow		<i>.</i>
A. If amending name, enter the new name of the	ne limited lia	bility company here:
The new name must be distinguishable and contain the work Enter new principal offices address, if applicab (Principal office address MUST BE A STREET.)	le:	ility Company," the designation "LLC" or the abbreviation "L.L.C." 14 East Wisslington Street 2nd Floor Colondo, FL. 32801
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	7805 Sigar Fond Drive Orlando, FL. 32819
B. If amending the registered agent and/or registered agent and/or the new registered offic		ffice address on our records, enter the name of the new e:
Name of New Registered Agent:	Roose	self Norten, Tr.
New Registered Office Address:	7805	Sager Boy Do, Venter Florida street address
-	Odland	City, Florida 32819 Zip Code
New Registered Agent's Signature, if changing Reg	istered 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	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Melody D. Green	5/37 Laval Drive Orlando, FL, 32839	
	/	Orlando, FL, 32839	Remove
			☐ Change
			□ Remove
			Change
		·	D Add
			RemoveS TI
			Change on T
			Add # U
		·	Remove
			D Change
			B Add
			Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	
			Remove
			Change

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17 OCT 16 AH 11:
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DCT 16 AH II:
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Page 3 of 3

Filing Fee: \$25.00