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.		COVER LETTER		
TO: Registration So Division of Co				
SUBJECT:	large Mindl Name of Lim	Matson Lifed Liability Company	LC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Mindy	Watson Name of Person		
	LulaR	Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	8237	101st et		
	Seminol- Iolargem	City/State and Zip Code Output Outpu	7 gmail.com	SECRETARY TALLAHASSE 17 FEB 17
For further information of	eoncerning this matter, please ca)	moation)	一
Mindel	Watson of Person	at (727) 68 (Area Code Daytin	o – 2969 ne Telephone Number	AM 10: 38
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee, Certificate of Statu	s &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability (A Florida L	Company as it now appears on our records, im(ted)Liability Company)	LC.
The Articles of Organization for this Limited Liability Con Florida document number <u>L16 D0016437</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited to the limi	and Liability Company," the designation "LLC" NA	or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRE	<u></u>	79
Enter new mailing address, if applicable:	NA	FEB 17
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		enter the name of the new
Name of New Registered Agent:	JA	
New Registered Office Address:	Enter Florida street address	
	, Flo	rida
	City , FIGI	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: MA MGR = Manager AMBR = Authorized Member **Title** Name 1 **Address Type of Action** _□ Add _□ Remove _□ Change _□ Add ☐ Remove □ Change _□ Add ☐ Remove ☐ Change _□ Add 🚊 ☐ Remove ☐ Change □ Add □ Remove _□ Change _□ Add ☐ Remove

☐ Change

NA.	
	
	
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Filing Fee: \$25.00