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COVER LETTER

TO: Registration Section Division of Corporatio	ns	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of Amenda	ment and fee(s) are submitted for filing.	
Please return all correspondence	concerning this matter to the following:	
	Name of Person Firm/Company Address Address Address City/State and Zip Code THUCKERS PONTAGIM! AGLL	
For further information concerning the second secon	E-mail address: (to be used for future annual report notification) ng this matter, please call: at (S/3) 466 S155 Area Code Daytime Telephone Number	
Enclosed is a check for the follow	ving amount:	
S25.00 Filing Fee ☐ \$3	30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Majling Address:	Street Address:	

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

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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hei & Jay Transh	0/+ 10	200
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appear Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company Florida document number L 14005 144811	were filed on	9-1->016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	esignation "LLC" or the abbreviation "L.L.C."
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 a agent and/or the new registered office address here:	address on our re	ecords, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	ida 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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
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effective da te: If the d	ite is listed, the da ate inserted in t	ate must be specifi this block does i	ic and cannot be not meet the a	prior to date of pplicable statt	filing or more tha	n 90 days after fil	ing.) Pursuant to 60 ate will not be lis	5.0207 sted as
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cord specif	īes a delaved e	ffective date, bu	t not an effect	tive time, at 12	::01 a.m. on the	earlier of: (b)	The 90th day aft	er the
s filed.	,							
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	Er	ich Die Signature	in.					
		Signature	of a member or	authorized rep	esentative of a m	ember		
		VICK		•				

Filing Fee: \$25.00