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(City/State/Zip/Phone #)
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T. CLINE

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Name of Person
The Tim/Company
2407 Monday RD
City/State and Zip Code Black (197 & Company (197) (1
For further information concerning this matter, please call:
Name of Person at (850) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Cert

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

ARTICLES OF O	ROMMEMION	
0	F	
(Name of the Limited Liability Compare (A Florida Limited I.) The Articles of Organization for this Limited Liability Company	Q/2/14	and assigned
Florida document number	<i>O</i> J3	
This amendment is submitted to amend the following:	-	
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1340 Interior T 3434#1701834. Talley 1-6 3231	Rindle Augustine R
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	DAD Interior (1) 2407 Monday (Glicher 323)	ria ((C RD
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter th	he name of the new
Name of New Registered Agent:		2016
New Registered Office Address:	Forty Florida and Theory	3 9 7
	Enter Florida street address . Florida	-8 ASSET
	City	Zip Code
New Pogistered Agent's Signature if changing Pogistered Agent:		ص -بـــار

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 = Mai AMBR = Aut	nager thorized Member		
Title AMBR	Tristan Blaik	Address 2407 Monday RD Tall FZ	Type of Action 30311
			Remove
AMBR	Randy Woodard	638 Bord RD Cairo GA.	Change
	·		🗆 Remove
			Change F L Change 22
			□ Add □ Remove
			Change
			Add
		3-11-1. Section 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Remove
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Note: If the date	f other than the s listed, the date mu inserted in this bl tive date on the D	lock does not :	neet the applica	o date of filing or mible statutory filin	ore than 90 days after	ional) er filing.) Pursuant to 605. is date will not be liste	.0207 ed as
	cifies a delayed y after the rec			t an effective t	ime, at 12:01	a.m. on the earlie	er of
Dated Oct	lo des	8	2018	-			
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			member or autho				

Page 3 of 3

Filing Fee: \$25.00