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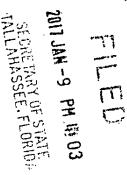
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K. SALY JAN 11 2017

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Thru With US LLC Name of Limited Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Denisi Masnyak Name of Person			
Dense Mas Make Name of Person Firm/Company 1489 N Larkword Sq Address			
City/State and Zip Code City/State and Zip Code Chusic Masnysh & Gmail. Com E-mail address: (to be used for future adnual report notification)			
For further information concerning this matter, please call:			
Dense Masnycik at (239) 216-1808 Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$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 TO ARTICLES OF ORGANIZATION OF

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TALLAHASSEL	OF STATE FLORIDA

	n us, uu		SEE ESTATE
(Name of the Limited I	Liability Company as it now appears Florida Limited Liability Company)	on our records.)	- SEE FLORIDA
The Articles of Organization for this Limited Liabi Florida document number L 16000 180036	lity Company were filed on	9/27/16	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the Deni Se Mash Jak LUC The new name must be distinguishable and contain the words		_	reviation "L.L.C."
Enter new principal offices address, if applicabl	e:		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Floric	la street address	
	Linet Plota	u ar cer num caa	
<u>-</u>		, Florida	
	City		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: 2017 JAN -9 PM # 04 MGR = Manager AMBR = Authorized Member **Address Type of Action** <u>Title</u> <u>Name</u> ☐ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change _□ Add □ Remove □ Change □ Add □ Remove ☐ Change

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be provide: If the date inserted in this block does not meet the applocument's effective date on the Department of State's reconstruction.	licable statutory fili	nore than 90 days afte		
e record specifies a delayed effective date, but the south day after the record is filed.	not an effective	time, at 12:01	a.m. on the	earlier of:
Dated December 19 , 2016	, 			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00