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(Cit	y/State/Zip/Phon	e #)
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(Do	cument Number)	
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COVER LETTER

то:	Registration Section, Division of Corporations
SUBJI	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	rcturn all correspondence concerning this matter to the following:
	BRIAN M TAILLON Name of Person
	McHARE & SLAVIN, P.A. Firm/Company
	2855 P6A R1W
	PAN BEACH CARDENS (Z 33412) City/State and Zip Code
	E-mail address (to be used for future annual report notification)
For fur	rther information concerning this matter, please call:
<u></u> .	BRIAN TAILLIN at (561) 625-65'55 Name of Person Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
12 \$2	5.00 Filing Fee Certificate of Status Certificate of Status & Certificate Copy (additional copy is enclosed) 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

(Name of the Limited Liability Company as it now appears on o (A Florida Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Company were filed on9/_ Florida document number	28 /16 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
The new name must be distinguishable and contain the words "Limited Liability Company," the designa	tion "LLC" or the abbreviation "LLC"	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<u> </u>	
	المراجعة المستقدمة ا المراجعة المستقدمة ا	-
Enter new mailing address, if applicable:	F 93	-
(Mailing address MAY BE A POST OFFICE BOX)		
	9: 52	
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	records, enter the name of the new	<u>v</u>
Name of New Registered Agent:		
New Registered Office Address: Enter Florida str	reet address	
	, Florida	
City	Zw 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:

<u>Title</u>	Name	Address	Type of Action
AMBR.	TYLER CHEATHAM	7024 181 57 STAGES *1	BAdd
		JUDITER FL 33458	□ Remove
			Change
		***************************************	□ Remove
			Change
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			☐ Remove
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record specifies a dei The 90th day after the		ate, but not ar	effective time,	at 12:01 a.m. on	the earlier o	f:
ective date, if other than a effective date is listed, the da te: If the date inserted in to cument's effective date on	te must be specific and his block does not me	cannot be prior to da eet the applicable	te of filing or more tha statutory filing requ	(optional) in 90 days after filing.) Pu irements, this date will	rsuant to 605 0 I not be listed	20°
						
						
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Filing Fee: \$25.00