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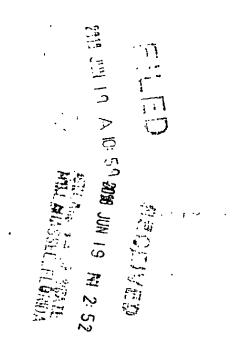
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

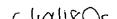
Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
· SUBJECT:	Name of Lim	DR Company ited Liability Company	nications, LLC
1			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SINER 3715	51AR Co Firm/Company	mnayricutions, L
Please return all correspondence concerning this matter to the following: John Robert E. Let Name of Person			
For further information c	E-mail address: (ication)
Versy Rome o	BLRTE-La of Person	Area Code Daytime	Telephone Number
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 (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

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L/6006183</u> 90	were filed on 10/a7/15 and assigned
This amendment is submitted to amend, the following:	
A. If amending name, enter the new name of the limited liabil. 311968 5 FBR (DMM) The new name must be distinguishable and contain the words "Limited Liabil."	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3715 Whicklow R TRUMASESEE/FL 3332
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3715 WICKLOW (IR TOMBHITSGER, FLORIDD 323
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	<u>e</u> :
Name of New Registered Agent: New Registered Office Address:	NE ROBERTE. LEE 715 WILKIOW CR Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	Cay Society Florida 3.2 35 6 9
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and I provided for in Chapter 605, F.S. Or, if this document is

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
PA	PAMELA BACZ	4213 LAKE RICHMEND DR PRIANDO, TIA 328	
MAR		PRIANZO, TIA	El Pamove
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or mother. If the date inserted in this block does not meet the applicable statutory filing nument's effective date on the Department of State's records.	(optional) e than 90 days after filing.) Pursuant to requirements, this date will not be	605 list

Page 3 of 3

Filing Fee: \$25.00