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SECRETARY OF STATE

K. SALY NOV 1 3 2017



COVER LETTER

TO: Registration Section Division of Corporations 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: ornelius Michael Turner or Antesha Williams Firm/Company For further information concerning this matter, please call: omelius M. Turner or Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2017 NOV .	LED
TALLAHASSEE	PA 5:31 OF STATE FLORIDA

(11 TOTAL DIRECTO	sidentify company)	
The Articles of Organization for this Limited Liability Company Florida document number 16000 187213	were filed on 10/11	0/2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "	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)	P.O. BOX]	692 32938
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ldress
		, Florida
	City	Zip Code
New Registered Agent's Signature if changing Degistered 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:

N A	MGR = Manager AMBR = Authorized Member				
]	<u> Fitle</u>	<u>Name</u>	Address	Type of Action	
A	IMBR	Cornelius Michael Turrer	8020 Galveston Ave.	Add	
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Signature of a member or authorized representative of a member Conclius Michael Tures Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00