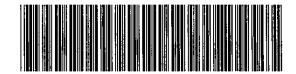


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2016 OCT 24 P 2: 10
SECRETARY OF STATE

D. BRUCE OCT 25 2016

## **COVER LETTER**

Division of Corpo	prations	
SUBJECT: AD	Name of Limited Liability Company	<b></b>
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	Rox As Aus V Name of Person	<del></del>
	Name of Person	
	ADAMLEY WVESTHENT UC Firm/Company	
	Firm/Company	
	610 CARIBBEAN WM	
	Address	<del></del>
	City/State and Zip Code  hershey destin @ 9 mail . com  E-mail address: (to be used for future annual report notification)	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information con	ncerning this matter, please call:	2018 SEC
Ron AD Name of F	011-114 (028) at	AR CO
Name of P	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  Com  E-mail address: (to be used for future annual report notification)  According this matter, please call:  at (850) 461-1160  Person Area Code Daytime Telephone Notification  following amount:	\$\frac{1}{2} \frac{1}{1} \frac{1}{1}
Enclosed is a check for the	following amount:	D 2: I
\$25.00 Filing Fee	Certificate of Status Certified Copy Certified Copy Certified Copy is enclosed)	Obfiling Fee, tificate of Status & tified Copy itional copy is enclosed)

## MAILING ADDRESS:

**Registration Section** 

TO:

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

· · · · · · · · · · · · · · · · · · ·	STHENTS LLC
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Limited Liability Company)
	mpany were filed on OCTUBER 12 2016 and assigned
Florida document numberL\6000188578	<del>-</del>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRE	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registe	ered office address on our records, enter the name of the nev
egistered agent and/or the new registered office addre	
	AR O T
Name of New Registered Agent:	OCT T
Nove Designation of Office Address	SSE 24
New Registered Office Address:	Enter Florida street address
	, Florida 2.
<del>- · ·</del>	City , Florida Zip Code
	Dity Dip-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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SUSAN H ADAMOV	610 (DEIBBEAN WAY	<b>X</b> Add
		WICEVILLE EL 35278	□ Remove
			☐ Change
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			Add
		<del> </del>	□ Remove
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		HASSEE.	Remove Change Add
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Filing Fee: \$25.00