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COVER LETTER

TO: Registration Se Division of Cor			
CUBICA F.3		110	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing,	
Please return all correspo	ondence concerning this matter	to the following:	
	,		
	OE Le	Name of Person	
		Name of Person	
	EXPENT	GALEDON TO THE	110
		Firm/Company	220
	_		
	14411 Com	MERCE WAY A	#300
		Address	
	ИО	(
	14.Am. L	AKES, EL 330/	<i>(</i>
	E-mail address: (TNETWONK. Come to be used for future annual report notion	fication)
For further information e	oncerning this matter, please c	all:	
,	•		_
108	CENTES	at (<u>959</u>) <u>279-</u> Area Code Daytir	1065
Name o	rerson	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
	-		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status &
		(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address:	ution
Division of C		Registration Se Division of Cor	
P.O. Box 632	-	The Centre of T	•
Tallahassee, I	FL 32314		e Street, Suite 810

Tallahassee, FL 32303

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

(Name of the Limited Liability Compa	-ions Limited Liasi	LITY COMPANY
(A Florida Limited L	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 4160000193705.	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	LimitED Liability	COMPANY
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		10 20 m
		<u> </u>
Enter new mailing address, if applicable:		7 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		24 2100
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	Zip Code
	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			□Change

rameno	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
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f ectiv o an effect	e date, if other than the date of filing:	(optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 60	05 0203
ote: If	the date inserted in this block does not meet	the applicable statutory filing requirements, this date will not be li-	
ocumen	it's effective date on the Department of State'	's records.	
	specifies a delayed effective date, but not an e t	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	ter the
record :	•		
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Filing Fee: \$25.00