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J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Leslie Marcovitch Name of Person
	A's Grant Subs LCC Firm/Company
	301 N Brevard Are 54e A Address
	Arcadia FL 34266 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
La	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$2:	5.00 Filing Fee \$\Bigcup \text{\$\$30.00 Filing Fee & Bound Filing Fee & Certificate of Status}\$\text{Certified Copy (additional copy is enclosed)}\$\text{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**

AS 6,0	ant Subs	s LLC			
(Name of the Limited Lis (A Flo	ability Company as it no orida Limited Liability Co	w appears on our ompany)	records.)		
The Articles of Organization for this Limited Liabilit		ed on /0/3/	/2016	_ and assign	∌d
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	limited liability com	pany here:			
The new name must be distinguishable and contain the words "	Limited Liability Compa	ny," the designation	"LLC" or the abbrev	riation "L.L.C.	77
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AL	ODRESS)				
				7.00	<u> 개의</u> - 변규
					:0=
Enter new mailing address, if applicable:					<u> </u>
(Mailing address MAY BE A POST OFFICE BOX					<u> </u>
				<u>\$</u> _	
B. If amending the registered agent and/or registered agent and/or the new registered office a		lress on our re	ecords, <u>enter the</u>	name of	the new
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida street	address		_
	•				
	City		, Florida	Zip Code	
New Registered Agent's Signature, if changing Regist	tered 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

Type of Action Title Name Address Ronald Waldron 1278 SE Late Rd MGR ☐ Add Arcadia FL 34266 Remove Change AMBR Leslie Marcovitch 2087 SE Michigan St. Apt H RAdd Arcadia Fl 34266 ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Remove ☐ Change ☐ Remove ☐ Change

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E. Effective	e date, if other than the date of filing:	o 605.02 e listed
Note: If document	t's effective date on the Department of State's records. rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the each of the day after the record is filed.	
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Note: If document If the reco	and specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the export of the record is filed. $\frac{1/13}{4}, \frac{2017}{4}.$	arlier
Note: If document If the reco	and specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the export of the record is filed. $\frac{1/13}{4}, \frac{2017}{4}.$	

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Filing Fee: \$25.00