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(Re	equestor's Name)	
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SECRETARY OF SPARE

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COVER LETTER

Division of Cor	porations		
subject: <u>С Ю</u>	y Courty C Name of Limite	DR WOSH L d Liability Company	LC
The enclosed Articles of	Amendment and fee(s) are submi	itted for filing.	
Please return all correspo	ondence concerning this matter to	the following:	
	John P	Name of Person	JR_
	<u>Clay Cour</u>	Hy Ook Was	3D_LLC
	1794 La	Kensont C	
	Middleb	City State and Zip Code B & 1/50016 be used for future annual report notif	2068
	PLAC \$77 SE-mail address: (to	be used for future annual report notif	1. NET
For further information c	oncerning this matter, please call	:	
John P	OCZKOOSKI, Cor Person	Area Code Daytime	8400 Telephone Number
Enclosed is a check for t	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

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

Clai Carti OR WOST LLC

Name of the Limite	d Aiability Company as it now app A Florida Limited Liability Compan	y)	
The Articles of Organization for this Limited Lia		a	nd assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company	here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," tl	ne designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applica <u>Principal office address MUST BE A STREET</u>			SECRE
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B	(OX)		DE CORP RATION
B. If amending the registered agent and/oregistered agent and/or the new registered off		on our records, enter the i	name of the
Name of New Registered Agent:	Johns Pla	xzkawski Jr	2
New Registered Office Address:	1794 / suker	Florida street address Florida 2 Zi	
	City City	, riorius <u>S C</u>	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
<u>AMB</u> R	John J Placzkawski		🗹 Add
			□ Remove
			Change
	ANTHONY J. YLACZKOWSK		
			Remove
			Change
			□ Add
			Remove
			Change
			🗆 Add
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e: If the date insert	ed in this block does	not meet the app	licable statutory fili	ng requirements, this	s date will not	be listed
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Filing Fee: \$25.00