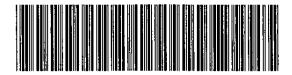


(Re	equestor's Name)	
(Ad	ldress)	
(A)	ldress)	
(110	(d. C33)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
· ·	,	,
(Do	ocument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	





000291361240

11/17/16--01007--002 \*\*25.00

MINON IN P IN IN

D. BRUCE NOV 1 8 2016

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT:	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Vennuter Wicker Name of Person	
Firm/Company	
3835 Changl Pl.	
Land 0 (akos A 34639) City/State and Zip Code	
Deninication Quahati com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (813) 449-3798 FEB 28 28 28 28 28 28 28 28 28 28 28 28 28	<u> </u>
Enclosed is a check for the following amount:	m
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu	D

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

The Articles of Organization for this Limited Liability Company were filed on 10 / 10 Florida document number 414 000000888 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

## 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>Address</u> Title **Type of Action** Name Jennifer wicks ☐ Remove ☐ Change matthew Hutchism □ Kemove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

. 1								·
								<u>-</u>
-								
<del></del>	. <del></del>							<del></del>
					<u></u>			<del></del>
								<del></del>
				· · · · · · · · · · · · · · · · · · ·				
						<b>₽</b> gg	2016	
		<del></del>				LLAHAS	NON 9	777
						AS	<u> </u>	
						RY 0	_	m
					····	.F. S.I.	<del>-0</del> -	Ö
							<del></del>	
<del> </del>						Ä		
ective date, if other	than the date	of filing:				(optional)		
effective date is listed, the listed of the listed of the listed inserted the listed of the listed o	he date must be spe	ecific and canr	ot be prior to		nore than 90 day	s after filing.	.) Pursuar	
cument's effective date				c statutory iiii	ig requirement	s, uns date	will not	be fisied
record specifies a			, but not a	n effective	time, at 12:	01 a.m.	on the	earlier
he 90th day after	the record is	illeu.						
ed			Δ					
.cu			-//-	•				
	(	7)						
		7	Z11	ed representativ	a of a mambar			

Page 3 of 3

Filing Fee: \$25.00