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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corpor	rations		
SUBJECT: Tale		S LLC.	
	Name of Can	ned Liability Company	
The enclosed Articles of An	nendment and fee(s) are subt	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Chevalye	He McGn ff Name of Person	-
		Firm/Company	
	3746 Ma	dbury Cr. Address	
	Lakelan	d, F1 · 33810	
-	CVOnmce	o be used for future annual report notific). COVY
For further information conc	erning this matter, please ca	il:	
Chevalyet Name of Pe	te McGnit	Atea Code Daytime	-9507 E
Enclosed is a check for the f	ollowing amount:		
K.A.	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Registratio	G ADDRESS: on Section f Corporations	STREET/COURIE Registration Section Division of Corporat	

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 _ Florida document number _ |_ | 16000208588 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

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.

New Registered Agent's Signature, if changing Registered Agent:

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>	<u>Address</u>	Type of Action
			Remove
			Change
			Remove
			Change
			Remove
			□ Change
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			O-Add:
			بى Remove
			Change
			□ Remove
			Change

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early of the specifies and the specifies and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to Note:	
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Dated Tuly 51.	
Signature of a megalier or authorized representative of appearable	-
Chevalyette McGniff	

Page 3 of 3

Filing Fee: \$25.00