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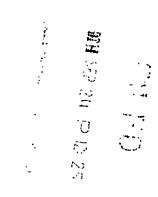
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:Name of Limited Liability Company	_
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	•
Pamela A. McCollach	
Name of Person NEREE	1 St 24 D 5
28 Thornton Ave. N.	हरू ()
Orlando H. 3280	
City/State and Zip Code PMCCOLL 713 @ FOL. Co E-mail address: (to be used for future annual report notification)	<u>, M</u>
For further information concerning this matter, please call:	
Panela MC Colloch at (407) 718 692 The Name of Person Daytime Telephone S	Number
Certificate of Status Certified Copy (additional copy is enclosed)	0.00 Filing Fee, ertificate of Status & ertified Copy dditional 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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______________________________and assigned Florida document number 16000211290 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 "LL 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 ______ 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 Address Pamela Mc Colloch 25 Thornton A.W. Date ☐ Change ☐ Add □ Remove _□ Change i ∴□ Remove ☐ Change ☐ Add □ Remove □ Change □ Add □ Remove ☐ Change ☐ Add □ Remove ☐ Change

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Filing Fee: \$25.00