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COVER LETTER

Division of Corporations	•	
SUBJECT: Affordable Carpe Name o	et And Floor Cle of Limited Liability Company	aning LLC
The enclosed Articles of Amendment and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Lorenzo	Cally S Name of Person	·······
	Firm/Company	
P.O. Box	Address	
	City/State and Zip Code O yahoo, Long Tess: (to be used for future annual report notif	
Hsiralcol (a E-mail addi	yahoo, Long fess: (to be used for future annual report notif	ication)
For further information concerning this matter, ple		
Lorenzo Collins Name of Person	at (772) 647 Area Code Daytime	0685 Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Secretificate of State		□ \$60.00 Filing Fee, Certificate of Status & 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

A FFOCOAD LA CAPPET A N (Name of the Limited Dability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)				
The Articles of Organization for this Limited Liability Company v. Florida document number <u>L 16000215361</u> .	were filed on $11/28/16$ and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	ity company here:				
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	\$5 g. = =				
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:	FIST B				
(Mailing address MAY BE A POST OFFICE BOX)	ORIDATE 8				
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here					
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	. Florida				
	City 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 **Title Name** <u>Address</u> **Type of Action** MGR/AMBR Lorenzo Collins 125 North Line Street Fellomere, F/ 32948 _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove _□ Change □ Add □ Remove Change Remov Ş Change

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he 90		2/7 umg orenzo	College Signature of		authorized repres	entative of a m	ember	SECRETAR	29.0 0.0	
he 90		2/7 mmg orenzo	College Col	famember or a	authorized repres	entative of a m	ember	SECRETARY OF	G7	

Filing Fee: \$25.00