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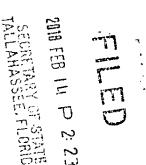
| (Re | questor's Name) | <u> </u> |
|-------------------------|-------------------|----------|
| (Ad | dress) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | | |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| · Divisio | n of Corpo | rations | | |
|-------------------|---------------|--|---|--|
| SUBJECT: | FAMILY | DISCOUNT MULTISERVI | CES, LLC | |
| | | Name of Limited Liability Company | | |
| | | | | |
| The enclosed A | rticles of Ar | nendment and fee(s) are sub | mitted for filing. | |
| Please return all | correspond | ence concerning this matter | to the following: | |
| | | MAGUIE CHEVALIER | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 1358 SW BAYSHORE B | LVD | |
| | | | Address | |
| | | PORT ST LUCIE, FL 34 | 983 | |
| | | MAGUIE1970@YAHOO. | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notificat | ion) |
| For further info | rmation con | cerning this matter, please ca | all: | SECON THE SECON SE |
| RONALD GILI | BERT | | 772 464-4404 at () | Isphone Number Stay |
| | Name of P | erson | | lephone Number |
| Enclosed is a ch | eck for the | following amount: | | 2: 23 Login |
| ■ \$25.00 Filir | ng 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:

TO:

Registration Section

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

| | OUNT MULTISERVICES, LLC | |
|---|---|---------------------------|
| (Name of the Limited Liability (A Florida | y Company as it now appears on our records.) Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Co | ompany were filed on 12/05/2016 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ted liability company here: | |
| MARNYL CHRISTIAN BOOK STORE LLC | | |
| The new name must be distinguishable and contain the words "Limit | ted 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 ADDRI | F.C.C.) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | • • • |
| | | , a.o. |
| B. If amending the registered agent and/or regist | ered office address on our records, e | nter the name of the ne |
| registered agent and/or the new registered office addr | ess here: | CAR TEB |
| | | 75 = 17 |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | 08 2 |
| | , Floric | la ア |
| | City | 7in 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 = 'M AMBR = A | MGR = 'Manager AMBR = Authorized Member | | | | |
|----------------------|---|---------|----------------|--|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action | | |
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| P'O S. IS | |
|---|---------|
| E. Effective date, if other than the date of filing: | i 5 |
| (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 605.020. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as | 7 (3)(l |
| document's effective date on the Department of State's records. | s inc |
| [6] ? | |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. | /t: |
| | |
| Dated tebruary 12, 2018. | |
| Maguie Chevalie | |
| Signature of a member or authorized representative of a member | |
| MAGUIE CHEVALIER | |
| Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00