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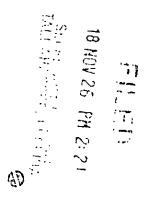
(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Alica Company Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for tiling.
Please return all correspondence concerning this matter to the following:
AUS ARGORY UC
MUST anglony CC
134 Honeywood DR.
City/State and Zip Code City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MILSA GREGORY at (407) 3017285 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{\$60.00 Filing Fee.}\$\$ Certified Copy (additional copy is enclosed)\$\$ 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

(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)
The Articles of Organization for this Limited Liability Company were filed Florida document number 1600027480	dment is submitted to amend the following: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company," the designation "LLC" or the abbreviation "LLC" In principal offices address, if applicable: In office address MUST BE A STREET ADDRESS) In mailing address, if applicable: Indiress MAY BE A POST OFFICE BOX) In one of the new registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here: In order of New Registered Agent:
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ony here:
The new name must be distinguishable and contain the words "Limited Liability Company	"the designation "LLC" or the abbreviation "LLC"
	the designation last visite domestation last, c.
	en e
(Principal office address MUST BE A STREET ADDRESS)	
——————————————————————————————————————	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	CD:
B. If amending the registered agent and/or registered office addre registered agent and/or the new registered office address here:	ess on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
En	ter 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

<u>Title</u>	<u>Name</u>	Addres		Type of Action
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Filing Fee: \$25.00