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## **COVER LETTER**

TO: Registration Sec Division of Corp		es some en	
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SUBJECT:	Presence (	ompany	
	Name of Lin	ited Liability Company	
	•		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		•	
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	Naomi	Name of Person	<del></del>
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	Presence	Company Firm/Company	
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	Boca Ra	ton El 224	3/0
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	E-mail address: (	resence co. W	ification)
For further information co	oncerning this matter, please co	all:	
Naomi N	lagin	at (954) 608-3	3148
Name of	Person	Area Code Daytin	ne Telephone Number
Englosed is a check for the	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(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 ARTICLES OF ORGANIZATION

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ARTICLI	ES OF ORGANIZATION	2012. ( E)
	OF	APA
(Name of the Limited Liab	Company, LLC  Illity Company as it now ippears on our ida Limited Liability Company)	2017APR - 3 PM 1: 19  TALLAHASSEE FLORIDA  YOR 2.10 2016 and assigned
The Articles of Organization for this Limited Liability		ex 26 2016 and assigned
Florida document number 81-4782927	L16 000230831	·
This amendment is submitted to amend the following:	·	
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
, <u> </u>		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	648 da	·
(Principal office address MUST BE A STREET ADD	DRESS)	
•		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		· .
B. If amending the registered agent and/or req		cords, enter the name of the new
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

MGR = M	from our records:  Ianager  uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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(If an effective Note: If	e date, if other than the date of filing:	
	and specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlied of the record is filed.	er of:
Dated	March 29, 2017.	
	Signature of a member or authorized representative of a member	
	·	
	Naomi Marta	

Page 3 of 3

Filing Fee: \$25.00