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SECRETARY OF STATE

K. SALY JAN 1 9 2017

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: BUES RY LOS STECCOMPANY 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:					
Name of Person					
Firm/Company					
613 Loke Oscorne Text					
Lake Worth FL 32461					
City/State and Zip Code					
For further information concerning this matter, please call:					
Name of Person at SGA Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
Z \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

2017 JAN 17 AM 11: 24
TALL AHASSEE FLORIDA

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 8154782031 and assigned Florida document number 17000001448

This amendment is submitted to amend the following:

A.	If amending na	me, <u>enter the new</u>	name of the limite	d liability comp	any here:
			THINK OF THE STREET	on Address of the Party of the	

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

63 Lare (1850, No Tex

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PORBOX 70 1 1 33460

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:

The second of th

Enter Florida street address

Lake Worth Florida

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name David Simor	生が企材177人の例子は後期間が200mでは120mでは、15. 11. 11. 11. 11. 11. 11. 11. 11. 11.	Type of Action are weight FL
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1 3 1835 164 1847 144 1847 144			□ Add
4.			□ Remove
			□ Remove □ Change
			⊡ Add
			□ Remove □ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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E. Effective date, if other than the date of filing: 100 (optional) (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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.
Dated Dated Date of the Control of t
Signature of a Number or authorized representative of a member
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00