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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT: Argela	St. Pierre 11. Name of Limit			
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return all correspond	dence concerning this matter to	o the following:		
	Argele 7711 Highie New Port	Name of Person Content of Person Address Address City/State and Zip Code Code of State o	34655 Pa =	
For further information co	ncerning this matter, please ca		ASSET -5	Bernist street
Argeia St. P. Name of	Person	at (727) Zic7 (Area Code Daytime	e Telephone Number 7, 55	
Enclosed is a check for the	e following amount:			
□ \$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fec & Certified Copy (additional copy is enclosed)	□ \$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

(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liab Florida document number <u>L1700014</u>	ility Company were filed on <u>Jan. 18, 7017</u> 522	and assigned	
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	ne limited liability company here:		
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)			· -
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	un	-
registered agent and/or the new registered offic Name of New Registered Agent:	registered office address on our records, <u>enter</u> e address here:	the name of the 2017 FEB -6	e new
New Registered Office Address:	Enter Florida street address		111
	. Florida		
-	City	Zip Code Co	

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>	Address	Type of Action
<u>AMBR</u>	Angela St. Aerre	7711 Highwoter Dr. KS MPR FI SHIGH	MAdd
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of fili	(optional)
on effective date is listed, the date must be specific and cannot be prior to date of his office. If the date inserted in this block does not meet the applicable statuto occurrent's effective date on the Department of State's records.	ry filing requirements, this date will not be list
beament's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earli
ated January 23, 2017.	
\wedge	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00