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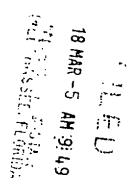
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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	obile Take Name of Lim	Down, LLC ited Liability Company	<del></del>
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	KARI	4na Estime	
	Mobile Tai	Ke Down, LL	C
		spring Harbo	e Dr. Apt E
		Beach F( 35 City/State and Zip Code Kestime 1@9 to be used for future annual report not	mail com
For further information co	ncerning this matter, please c	all:	
KAR 14na Name of	Eshme Person	at ( <u><b>Sle!</b></u> ) <u>394</u> Area Code Daytin	ne Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing 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:

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

Mobile Ta	ike /	)0 W/	7.26	<u> </u>		_	
( <u>Name of the Limited Lia</u> (A Flo							
The Articles of Organization for this Limited Liability Florida document number <u>11700029</u>	y Company v 197	vere filed	on <u>02</u>	106/1	<u>7</u> and	l assigr	ned
This amendment is submitted to amend the following	3:						
A. If amending name, enter the new name of the I				LLC		<del></del>	
The new name must be distinguishable and contain the words "	Limited Liabilit	y Company.	" the designati	on "LLC" or the	e abbreviation	n "L.L.C	
Enter new principal offices address, if applicable:						-	<del></del>
(Principal office address MUST BE A STREET AD	DDRESS)						
Enter new mailing address, if applicable:				<u> </u>	· · ·	7 8 7±	
(Mailing address MAY BE A POST OFFICE BOX)	)					AR	•••
	_		-		<u> </u>	Ş	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered off	ice addre	ess on our	records, ent	er the na	_	(T) the new
registered agent and/or the new registered write a	iouress nere	•			55.41 24.41	6,4	
Name of New Registered Agent:							
New Registered Office Address:							
		En	ter Florida stre	et address			
				Florida			
		City			Zip C	ode	
New Registered Agent's Signature, if changing Regist	erea Agent:						

## 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>	<u>Address</u>	Type of Action
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			Change
	<del></del>		Add
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Effective date, if other than the If an effective date is listed, the date made in this behavior of the document's effective date on the I	ust be specific and block does not i	d cannot be pri meet the app	ior to date of fil licable statuto	ing or more than		ng.) Pursuan	
ne record specifies a delaye The 90th day after the re			not an effe	ctive time, a	t 12:01 a.m	. on the	earlier of
Dated $\frac{2}{2}/27/2$	018	K. ,			<del></del>		
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Page 3 of 3

Filing Fee: \$25.00