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From:

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Account Number : 120050000069 : (407)352-8\$14 Phone : (407)540-9620 Fax Number

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AJHAULD	NG ELC		13
**************************************	(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear liability (Company)	rs on our records.)	<u> </u>
The Articles of Organization	for this Limited Liability Company £17000031728			and assigned
This amendment is submitted	to amend the following:			. 12
A. If amending name, ente	r the new name of the limited liab	ility company h	ere:	
The new name must be distinguish	able and contain the words "Limited Liabi	lity Company," the c	lesignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices	address, if applicable:			
(Principal office address M)	<u>UST BE A STREET ADDRESS)</u>			
Enter new mailing address	, if applicable:			
(Mailing address MAY BE.	<u>(POST OFFICE BOX)</u>			
B. If amending the register agent and/or the new regis	red agent and/or registered office : lered office address here:	address on our r	records, <u>enter the na</u>	me of the new register
Name of New Reg	stered Agent;			
New Registered Of	Tice Address:	Enter Flo	vida street address	4.17.67
			Florida	
		City	TAUTION	Zip Code
New Registered Agent's Sign	ature, if changing Registered Agent:	· •		
Thereby accept the appoin	tment as registered agent and agr	ree to act in this	capacity. I further a	igree to comply with t

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 daties, 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 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
AMBR	KAREN SKURZEWSKI	11314 MARSEILLES BLVD-CLERMONT FL 3471	l _∰∧dd
			_ ERemove
			_ ⊡Change
			_ ⊡∧dd
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Effective date, if other than the date of filing:	(5,0207 (2 ded as t)
ne 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 ord is filed.	or the
Dated	
Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	
SCOTT SKURZEWSKI	

Filing Fee: \$25.00