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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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COVER LETTER

Registration Section
Division of Corporations

Registration Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT: OFTVIA SIPETI NAVITUAL, LLC						
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:						
Martin S. WACKER Name of Person						
Firm/Company						
1408 Olivia Street						
City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Martin S. Walker at 385 509-4110 Name of Person Name of Person Name of Person Name of Person						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed)\$\$ Certified Copy (additional copy is enclosed)\$\$ Certified Copy (additional copy is enclosed)\$\$						
MAILING ADDRESS: STREET/COURIER ADDRESS:						

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

)TILAZ, CK lability Company as it now appears on our records. lorida Limited Liability Company) Florida document number <u>117-0000</u> 3.3236 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address . Florida _ City 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

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

జ.

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 = A	uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Joseph Moody	1117 South Street	DAdd
	,	1117 South Street Key West, F2.33	OY □ Remove
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	ent's effective date on the Department of State's records.	., succ		
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	ord specifies a delayed effective date, but not an effective time, at 12: 90th day after the record is filed.	.U1 a.III.	on the t	carner or
	Faharen 1/2 2017-			
Dated	February 16, 2017			
	11/1/W > - 1/1/200	> 33 		<u> </u>
	Signature of a member or authorized representative of a member	TAR ASS	3) 12	
	Martin S. Walker Typed or printed name of signee	7.33 70 Y	D	<u> </u>
	Typed or printed name of signee	LOR	=	U
		85	02	

Page 3 of 3

Filing Fee: \$25.00