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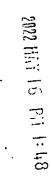
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COVER LETTER

TO: Registration Se Division of Cor		•	
SUBJECT:	Motley Ho,	Mings Group ited Liability Company	, LC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jack	1. Mother	
		Hy Holding 5 6	
	335	Gibbs Rd.	
	Persa	City/State and Zip Code	507
	Yak MoHen J E-mail address: (to be used for future annual report	notification)
For further information co	oncerning this matter, please ca	all:	
Jack Mame o	Person	at (850) 3 Area Code Da	ytime Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	S30.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mulley Holdings G	emp, LLC
(Name of the Limited Lighbirty Comp.	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{2/3/2017}{}$ and assigned
Florida document number <u>L/7000035073</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the word "Limited Liabi	<u>C</u>
	one >335 Gibbs Rd.
(Principal office address MUST BE A STREET ADDRESS)	Resacola, F1 32507
	(No new Address)
Enter new mailing address, if applicable:	NA
(Mailing address MAY BE A POST OFFICE BOX)	2022
	<u> </u>
	76
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
agent and/or the new registered office address here.	. 57
	7 · · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	± <u>∞</u>
New Registered Office Address:	
-	Enter Florida street address
	Florida
	City Zip Code

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 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
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			Remove
			□ Add
		··-	□ Remove
			Change
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reffective d <u>te:</u> If the c		date must be in this block	specific and does not m	cannot be peet the ap	plicable :			ın 90 days) Pursuant to 605.02 will not be listed
cord speci s filed.	fies a delayed	effective da	te, but not :	an effectiv	ve time, a	ıt 12:01 a.	m. on the	earlier o	f: (b) Th	e 90th day after t
ed	May	12		200	M	-Ag-				
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Filing Fee: \$25.00