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COVER LETTER

ΓQ:ͺ	Registration Section Division of Corpo		<i>\$</i> .		• •	` 4 ,,	
SÙBJI	ECT:	The Peta		tch L Liability Com			
The en	closed Articles of An	nendment and fee(s)	are submitt	ed for filing.			
Please	return all corresponde	ence concerning this	matter to tl	he following:			
		Rc	ger	Youn Name of Re	C)		
				Firm/Comp	oany		
		865	O WE	SLEYA:	J DR.	APT#52	23
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		Mena E-mail ac	ce 97 Idress: (to be	l Q grr c used for futur	nail. Co	t notification)	
For fu	rther information cond	cerning this matter, p	lease call:				
	Roger Yo	ung erson		at (23	9,691	-0974	N. alam
	O Name of Po	erson)		Area C	ode Di	iytime Telephone	Number
Enclos	sed is a check for the	following amount:					
E \$2	5.00 Filing Fee	\$30.00 Filing Fee Certificate of St		S55.00 Fil Certified (additional)		. (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

The Peta	1 Patch, LL	C
(Name of the Limited Liabilit (A Florida	y Company as it now appear Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Co. Florida document number	ompany were filed onF 	Feb. 20, 2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company he	ere:
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr Name of New Registered Agent:		our records, enter the name of the new
New Registered Office Address:		
	Enter Flor	ida street address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	•	Zip Code
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ago being filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this c mplete performance of ent as provided for in C	my duties, and I am familiar with and hapter 605, F.S. Or, if this document is
	If Changing Registered Ag	ent, Signature of New Registered Agent
	Page 1 of 3	P P D

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 **Title** <u>Name</u> **Address Type of Action** HEATHER RD MELISSA MOREA FORT MYERS, FL 33967 Remove _□ Change _□ Add ☐ Remove ☐ Change □ Remove ☐ Change □ Add □ Remove □ Change _□ Add □ Remove ए □ Change ☐ Remove

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ve	date, if other th	han the date o	of filing: _	MARCH	1,2017	(or	otional)	
If tl	ve date is listed, the	in this block do	es not meet t	the applicable s	of filing or more tatutory filing re	than 90 days a quirements, 1	fter filing.) P this date wi	ursuant to 6 Il not be li
ent	's effective date o	on the Departme	ent of State.	s records.				
ord	d specifies a d	delayed effec	tive date	, but not an	effective tim	e, at 12:0:	i a.m. on	the ear
90	th day after t	:he record is	filed.					
	APRIL	3	2	2017				
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		J.B.			•	member [**		
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