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2011 SEP 15 PM 1: 44

K. SALY SEP 1 8 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SOON SEYVI	ces ef Central Florida UC
SUBJECT: Name	of Limited Liability Company
The enclosed Articles of Amendment and fee(s)	re submitted for filing.
Please return all correspondence concerning this n	natter to the following:
	eal Snow
	Name of Person
-	Firm/Company
natz	N Shell Rd
	Address
Dela	nd FL 37.720
	City/State and Zip Code
F-mail adi	ress: (to be used for future annual report notification)
For further information concerning this matter, ple	·
Leveal Snow	a1(386) 2020056
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee € Certificate of State	& □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, lus Certified Copy Certificate of Status &
MAILING ADDRESS: Registration Section Division of Corporations	STREET/COURIER ADDRESS: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

, '	10		
AR	FICLES OF ORGAN	IZATION	
	OF		ZUIJ SEP 10
Spow Serving Some of the Lin	1005 of Centited Liability Company as it now	appears on our records.)	2017 SEP 15 PK 1:4.
	(A Florida Limited Liability Con	npany) . 1	TORING.
The Articles of Organization for this Limited Florida document number	Liability Company were filed	on 2 77.//	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability comp	any here:	
			-
The new name must be distinguishable and contain the	words "Limited Liability Company	y." the designation "L1.C" or the	abbreviation "L.L.C."
Enter new principal offices address, if app	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFIC	E BOX)		
			*
B. If amending the registered agent an registered agent and/or the new registered		ess on our records, ente	er the name of the new
Name of New Registered Agent:			
Now Paristand Office Address			
New Registered Office Address:	En	nter Florida street address	<u></u>
		. Florida	
	City	, rivilda _	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 Changing Registered Agent, Signature of New Registered Agent

If amending A	Authorized Person(s) authoriom our records:	zed to mana;	ge, <u>enter the</u>	title, name, and	address of ea	ch person being ad	<u>ded</u>
MGR = Mar	·						
<u>Title</u>	Name		<u>Address</u>			Type of Action	
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			De	POB 11 land Fi	3278	Remove	>
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		-				Change	

. $\dot{ m D}_{ m c}$. If amending any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)
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	2017 SEP 15 PM 1:44
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<u></u>	
<u> </u>	
	<u> </u>
E. Effective date, if other than the date of fi	illing: (optional)
Note: If the date inserted in this block does not document's effective date on the Department	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) of more the applicable statutory filing requirements, this date will not be listed as the
document serrective date on the Department	of State 3 records.
If the record specifies a delayed effective (b) The 90th day after the record is filly	e date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is the	0610
Dated 17 Sept	$\frac{2017}{2}$
· (loyeal Snow
Signature of	of a member or authorized representative of a member
\downarrow	Oreal Snow
	Typed or printed name of signee
	Page 3 of 3
	II

Filing Fee: \$25.00