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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 5NK Orywall 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:
Shane Olean Name of Person
SNK Day wall LLE.
605 ( 217 Address
Tacksonville, FL 3234  City/State and Zip Code  Sone abulled @ yakon. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Skarc ONe of Person at GO Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\times \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$
MAILING ADDRESS: Registration Section  STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		(Name of the Limi	ted Liability Compan (A Florida Limited Li	y as it now appear	rs on our records.)		
	es of Organization fo	or this Limited L	iability Company v			and ass	igned
l'his amen	dment is submitted t	to amend the foll	owing:				
A. If ame	nding name, <u>enter</u>	the new name o	of the limited liabil	lity company he	e <u>re</u> :		
The new nam	ne must be distinguishab	ole and contain the v	words "Limited Liabili	ty Company," the d	esignation "LLC" or the a	bbreviation "L.	L.C."
Enter new	principal offices a	ddress, if applic	cable:	605	CR 217		
	office address MUS	• •		Tack	CR 217 Somille F	L 32.	734
							<del></del>
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	mailing address, it		nov.	<i>SA</i>	MC AS A6	<i>0√E</i>	
Mailing a	<u>ddress MAY BE A</u>	<u>POST OFFICE</u>	<u>BUX)</u>	<del></del>			
	ending the registe agent and/or the n				our records, enter	the name	of the nev
<u>i egistereu</u>	agent and/or the n	ew registereu o	ince address here	•			
N	lame of New Registe	ered Agent:					
		. —			- · · <u>-</u>	test in	#PP - 집PP - L
<u>. N. 1</u>	Vew Registered Office	ce Address:	<u> </u>	Enter Flor	rida street address		e to emission of
· · ·			•	•	, Florida	0	, market .
: ,			,	City	, Florida	Zip Čóde	
New Regist	tered Agent's Signat	ure, if changing	Registered Agent:		15,47	୍ କୁଲ୍ଲ ମୁନ୍ଦ୍ର	** ** ********************************
provisions accept the	s of all statutes rela	ntive to the prop position as reg	er and complete p istered agent as p	performance of rovided for in C	capacity. I further as my duties, and I am Chapter 605, F.S. Or	gree to comp familiar with , if this docu	h and ment is

If Changing Registered Agent, Signature of New Registered Agent

or removed	from our records:	5 /	
MGR = Ma AMBR = Au	anager · · · · · · · · · · · · · · · · · · ·	•	
Title	Name	Address	Type of Action
MGR	Shane Onlead	605 cm 217	Jax EC 3234 2 Add
			□ Remove
			☐ Change
MGR	Kathy Orleat	605 cr 217 Ja	x FL 3234 & Add
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		- ·	☐ Change
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			Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

		enter change(s) he		_	<b>4</b> .
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Iffective date, if other of the control of the cont	er than the date	of filing:	or to date of filing or m	ore than 90 days after	onal) filing.) Pursuant to 605.0207
Note: If the date insert document's effective of	rted in this block do	es not meet the appl	icable statutory filin	g requirements, this	date will not be listed as
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