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### **COVER LETTER**

TO: Registration Sectorial Division of Corpo			1 41.
SUBJECT: MOVI	Ng Yorward ( Name of Limite	Enterphial of Ten	sacole UC.
The enclosed Articles of A	mendment and fee(s) are subm	litted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
•	CARolyn	Nanuc of Person	······
	7404 Bro	Firm Commany  Wh forest Drim  Address	
(	Pensal	City/State and Zip Code	514
	Cbragg 5 E-mail address: (to	6932 a GMAi C be used for future annual report notific	d, com
For further information con  AND LYN  Manue of F	Cerning this matter, please call  Person	an (80) 586	5485 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
266) Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF TRGANIZATION

Sung Forward  (Name of the Limited Liability Con (A Florida Limite	FINETPRISE of TROCE  monany as it now appears on our records,) ed Liability Company)	rock de	L.
The Articles of Organization for this Limited Liability Coanpa	any were filed on 3/14/2017	and ass	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Lin	ability Company," the designation "LLC" or the ab	breviation "L.	L.C.
Enter new principal offices address, if applicable:		AP	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	121	122
		<b>D</b>	25 B
		$\equiv$	<u> </u>
Enter new mailing address, if applicable:		: 2	- 55 <u>- 55 - 55 - 55 - 55 - 55 - 55 - 5</u>
(Mailing address MAY BE A POST OFFICE BOX)	***************************************		
B. If amending the registered agent and/or registeredi registered agent and/or the new registered office address th	office address on our records, <u>enter</u> <u>tere</u> :	the name	of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		<del></del>
	, 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. If urther 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 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>	Adidress	Type of Action
Mgr	Charles Young	455 Meharg Rd. Pen, F. Timothy Young	32577 Add
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		//	17/14		
<b>ffective date, if other</b> an effective date is listed, t	he date must be specifi	ic and cannot be prior	to date of filing or more	than 90 days after filing	z.) Pursuant to 605.0207 (
later If the data income	in this block does	not meet the applic	able statutory filing r	equirements, this date	will not be listed as t
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