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2017 APR 17 PN 3: 48
SECRETARY OF STATE
AND AHASSEE, FLORIDA

K SALY APR 1 8 2017

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT:	Name of Limited	Liability Company		
The enclosed Articles of Amendment a	nd fee(s) are submitte	ed for filing.		
Please return all correspondence concer	ning this matter to th	ne following:		
<u> </u>	aron <u>Cile</u>	Name at Person		
		Law F	.q , mi	<u> </u>
999 Vano	lesbilt Be	ach Rd. Address	#225	
	Vaples Francisco Con Control C	FL 3417 htty/State and Zip Code	8(
	E-mail address (to be	LileKlaw. used for future annual	report notification	n)
For further information concerning this				
Paron CileK Name of Person		at (<u>239</u>) Area Code	325 - Daytime Tele	1810 ohone Number
Enclosed is a check for the following ar	nount:			
\$25.00 Filing Fee \$30.00 F Certifie	iling Fee & E cate of Status	\$55,00 Filing Fee of Certified Copy radditional copy is end		□ \$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

2017 APR 17 PM 3: 46

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on $\frac{3}{21}$ /2017 and assigned Florida document number <u>L170</u>000644447 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," 9600 Victoria Lane, Apt. 205 Naples, FL 34109 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cuv

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
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an offective date is liste	d, the date must be specific rted in this block does a	and cannot be prior to	date of filing or more t	han 90 days after filing.) Pursuant to 605,0207 (
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