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WY I MARRIS

COVER LETTER

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

	terpr					
(Name of the Limited (A	Liability Company Florida Limited Lia	y as it now appears (ability Company)	on our records.)			
The Articles of Organization for this Limited Liab	_	vere filed on	3/10/17	a	nd ass	signed
This amendment is submitted to amend the follow	ring:					
A. If amending name, enter the new name of the	he limited liabili	ty company here	2:			
The new name must be distinguishable and contain the word	ds "Limited Liabilit	y Company," the desi	ignation "LLC" or the	e abbrevia	tion "L	L.C."
Enter new principal offices address, if applicab					N2	
(Principal office address MUST BE A STREET)	ADDRESS)			32 54		ath 5
Enter new mailing address, if applicable:				# 1	NEV 13	September 1
(Mailing address MAY BE A POST OFFICE BOX)					-0 :X.	3 4 1
				- 1955 -	ယ္	h
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered offi e address here:	ce address on o	our records, <u>ent</u>	er the r	<u>ame</u>	of the nev
Name of New Registered Agent:	John L	Brener H	1			
New Registered Office Address:	10018 1	BonAita Boa	ich Road			
	Donita	Spr. Str.	a street address, Florida	3413 Zip	S 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 Authorized Person(s) authorized to manage	, enter the title	, name, and	address of each p	<u>oerson</u>	being a	<u>dded</u>
or removed from our records:						

MGR = Manager

AMBR = Authorized Member **Type of Action** <u>Title</u> Address <u>Name</u> 1411 Red Hibixus drive □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change ☐ Add □ Remove Change 3 Bemove ☐ Change □ Add ☐ Remove ☐ Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an ef Note:	ive date, if other than the date of filing:	207 (3)(t as the
If the re (b) The		of:
Dated		R _A \$PBMWTB
		sria Jili
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00