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COVER LETTER

TO: Registration Se Division of Cor		•	
SUBJECT:	A Del Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
•	A	Name of Person	eignez
		Firm/Company	
	6250 SW	130th Ovenue	#704
	mian	City/State and Zip Code	83
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Andy	Lodrigre J Person	at (2) 6 6 83 Area Code Daytime	- 8502 e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & 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 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

1-11 1-

Zip Code

OI	त	2012
(Name of the Limited Liability Compan	y and now appears on our records.)	2017 APR -5 PM 2: 54
(A Florida Limited Li	ahilily Company)	THATASSEE, FLORID
The Articles of Organization for this Limited Liability Company v	vere filed on <u>03-2)-</u>	and assigned
Florida document number 82-1033835		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" o	r the abbreviation "L.L.C."
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 off registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florie	da

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.

City

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 = Man AMBR = Aut	ager horized Member		
<u>Title</u>	Name	Address	Type of Action
President	Andy Rodkiguez	6250 Sw 130th evenue 1 miomi, FC 33183	#704 ⊠ Add
		mioni, FL 33183	□ Remove
			Change
	-		Add
			□ Remove
		امر الآن الآن الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الااا الااا السافرا السافرا السافرا السافر الااا السافر الااا السافر الاار الاار الصافر الاسافر الاسافر الاسافر الاسافر الاسافر الاسافر الاسافر الاسافر الاسافر الاسافر الاسافر الاسافر الاسافر الاسافر الاسافر الاسافر الاسافر الارا الران الران المان الران الران الارا الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الران الرا الران الران الران ال ال ا	Change Add Add
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