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## COVER LETTER

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The enclosed Arrieles of	nt Amendment and fee(s) are sub	onfited for filing, .		
Please return all corres	pondence concerning this matter	to the following:		
		944 4 3.55 4 *A		
	Cheyenne Moseley			
		Name of Person	aaba ee da aarah aarah oo mah uugubuga, aaray oo da ee aaarahan saar	
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	Glandate, CA 91203			
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	dbraden24@houmail.com			
		to he used for future annual report not	fication)	
For further information	concerning this matter, please of	all:		
Cheyenne Moscley		800 773-0888 c	xt. 9724	
Name	of Person	800 773-0888 c at ()  Area Code Daytim	e Felephone Number	
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	☐ \$50.00 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)	
				303

### 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, Ft. 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan	y as it now appears o	n que records.)			
The Articles of Organization for this Limited Liability Company were filed on 03/31/2017 and assigned Florida document number. L17000073141					
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 come course be distinguishable and end with the words "Limited Liabil	ity Company," the des	ignation "LLC" or the :	abreviation "	L.L.C."	
Enter new principal offices address, if applicable:	. The first state of the state	."			apre .
(Principal office address MUST BE A STREET ADDRESS)	Strangerschild representation and the service and the service		Per 3	K Kunin nam	· · !"
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Enter new mailing address, if applicable:	4			1	* *
(Mailing address MAY BE A POST OFFICE BOX)	ela elle ggan verdere met and alla Mandalle 1994 engegennengen			B	. «. ~~
B. If amending the registered agent and/or registered off	lce address on o	ur records, <u>ente</u> r	the name	of the	new
registered agent and/or the new registered office address here	1				
Name of New Registered Agent:				**************************************	_
New Registered Office Address:	March Manage, and groups a resolvence of the conflicting annual against the		- pa uspagnyajani ak-makhiikk kik-katilaga ya	an yaqqaalqaaqaa faa aa ma	ev-h
		street aikiress			
	Cin	, Norida	Zin Civle	/4	×=1
New Registered Agent's Signature, if changing Registered Agent:	4.494		, z y r cone		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my ovided for in Cha	duties, and Lom f pter 605, F.S. Or,	amiliar wit If this docu	h and ment is	
If Chang	ing Registered Agent	. Signature of New Re	gistered Agen	<u> </u>	

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Okyana V. Briden	331 Salt Marsh Lane	□.Add
		Groveland, FL 34736	☑ Remove
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	D. If amendia	g any other information, enter change(s) here: (Attach vidditional sheets, if necessary	:)			
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	E. Effective dz (The effective d the data this d	ite, if other than the date of filing:  (optional)  are substite specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ocument is filed by the Florida Department of State)				
		MAY 6 . 2017.				
	d through in comme	The state of the s	5.	است ا		
		Signature of a member or susterized representative of a member		- 3	ŀ	
		David E. Braden	32.7 22.7		4.1 年月	•
	wice	Typed or printed name of signer	388 200	ن ا ا	Jesterio Jesterio J*	
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Filing Fee: \$25.00