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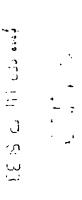
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUB	њет: <u>Flo</u>	(1 da PYLMILY P Name of Lim	TOPEY HY WULTY!	LLC
The	enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Pleas	e return all correspon	ndence concerning this matter	to the following:	
		Thous	S C Athanese Name of Person	
			Firm/Company	
		(0141	Od Bagdad Hw	<u>y</u>
		<u>Miltar</u>	City/State and Zip Code	
		aban	escolevel comentagi	Mallicom Lition)
For f	urther information ec	incerning this matter, please co	all:	
	Thomas A	banese Person	at (<u>\$50</u>) <u>910 · 0</u> Area Code Daytime	298 Telephone Number
Ench	sed is a check for th	e following amount:		
X 5	525.00 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 OF

Name of the Limited I	Liability Compan Florida Limited Li	UTU MUL y as it now appear ability Company)	STY (LL C	<u>,</u>
The Articles of Organization for this Limited Liabi	ility Company v			and assigned
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	<u>e limited liabil</u>	ity company he	<u>re</u> :	
The new name must be distinguishable and contain the word: Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A)	e:			he abbreviation FL.L.C."
Enter new mailing address, if applicable:				 .J
(Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, <u>er</u>	ter the name of the new
Name of New Registered Agent:	Then		banese	
New Registered Office Address:	6141	Old Bay	dad Itwy ida street audress	
-	Milton	City	Florida	a_37583

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, <u>enter the title, name, and address of each person_being added</u> or <u>removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Type of Action** Title Name **Address** Ashlee Albanese MAR _□ Add Milton, FL 32583 ☐ Change AMBR Thomas Albanese 6141 Old Bagdad Hwy Milton, FL 32583 ☐ Change □ Add □-Remove ...) .□ Çhange □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Remove □ Change

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more the listed. If the date inserted in this block does not meet the applicable statutory filing requesiment's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time.	uirements, this date will not be listed as
The 90th day after the record is filed.	
ated SCPTCMORY 12 2018.	_
ated SCPTUBLY 12 . 2018 . HILL Mban Ge J Signature of a member or authorized representative of a r	a
Signature of a member or authorized representative of a r	nember

Page 3 of 3

Filing Fee: \$25.00