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K. SALY JUN 1 9 2017

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

2017 JUN 16 PM 12:

01--10

IAIK X KN	21/570	<u> </u>
(Name of the Limited Liability (A Florida Li	Company as it now appears of imited Liability Company)	n our records.) WEAHASSEE, FRAM
		-11-2017 and assigned
The Articles of Organization for this Limited Liability Cor	mpany were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here	;
The new name must be distinguishable and contain the words "Limite	ed Liability Company." the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	······	
(Principal office address MUST BE A STREET ADDRE	<u></u>	
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe	ered office address on (our records, enter the name of the ne
registered agent and/or the new registered office addre	ess here:	
Name of New Registered Agent:		
New Registered Office Address:	17 - 17 -	a street address
	Enter Florid	a street adaress
	Cir.	, Florida Zip Code
	City	zą/ code
New Registered Agent's Signature, if changing Registered	Agenti	

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 = N $AMBR = A$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sara Voyard	Unit 3030, Box 0541 DPO, AA 34004	√ Andd
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an effecti lote: If t	ive date is listed, the date inserted	than the date of ne date must be speci- in this block does on the Departmen	fic and cannot be not meet the ap	prior to date of filin oplicable statutory	ig or more than 90 da	(optional) tys after filing.) Pur nts, this date will	suant to 605.020 not be listed a
	d specifies a	delayed effect the record is f	ive date, bui îled.	t not an effect	tive time, at 12	2:01 a.m. on	the earlier o
e recor The 90	Oth day after						
The 90	Oth day after			<u>``</u> .			
The 90	Oth day after	12	9	_	ntative of a member		

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