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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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FILED SECRETARY OF STATE TALLAHASSEE. FLORIO! COVER LETTER

	gistration Sec vision of Corp			•	
SUBJECT:	Prum	HARBOR PAK	INERS LL	.C	
		Name of Limi	ted Liability Company		-
The enclose	d Articles of A	Amendment and fee(s) are sub-	nitted for filing.		
Please return	n all correspor	ndence concerning this matter t	o the following:		
٠		JOHN 6.1	Name of Person		
		PALLY HAIRB	OIL PAOTN (rs LLC	
		1026 NEER	LASKA AVE		
			Address		
		PALLY HARBOR	, FL 34	683	
		JOHN EFIN E-mail address: (t	(2 PACINHAR	BOK. (OM	
For further	information co	oncerning this matter, please ca	!	a report notification,	
JOHN	u 6. 1	Downey	at (<u>941</u>)	286-9	803
	Name of	Person	Area Code	Daytime Telepho	ne Number
Enclosed is	a check for th	e following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is a	1	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	M . II I	VC ADDRESS.	ethe	LT/COUDIED A DI	NDESS.
		NG ADDRESS: ation Section		ET/COURIER ADI)KE33:
		n of Corporations	Divisio	on of Corporations	
		ssee, FL 32314	2661 B	i Building Executive Center Circ	ele
			Tailah	assee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF** The Articles of Organization for this Limited Liability Company were filed on Florida document number L1760086673 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Combany," the designation "LLC" or 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: PALIT HARBOZ, Florida 34683 City Zip Code New Registered Office Address: 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, Livereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending or removed f	Authorized Person(s) authorized to main our records:	nage, enter the title, name.	, and address of each person being added
MGR = Ma AMBR = Au	nnager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMOR	JOHN Pawnal	1026 HEBRAS	CA SICE D'Add
		PAIN HARBO	11e, FL 346 83 Remove
AMBR	Rosent Fucer	1026 NEBRA	SKA AUE DAdd
		PALM AARBON	1, FC 54683 □ Remove
			Change
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			Signature of	a member or c	uthorized rep	reseltative.	La member			

Page 3 of 3

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