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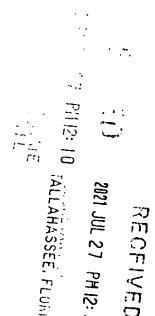
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ESCARGO LLC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Mac Davis Name of Person	
Escargo LLC Firm/Company	
11316 N Sand Street Apt CII	
Tampa FL City/State and Zip Code	
E-mail audress: (to be used formular export notification)	
For further information concerning this matter, please call: Mac Davis at (813) 263-4549	_
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee SCErtificate of Status Certified Copy (additional copy is enclosed) Certificate of Scenario Certified Copy (additional copy is	Status & y

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fscargo LL		
(Name of the Limited Limited Compa (A Florida Limited I	ny as it now appears on our reco liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Plorida document number 1706094430	were filed on $05/01$	$\sqrt{\frac{2017}{}}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words Langued Liabil	lity Company," the designation "Ll	LC" 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:	ب ـــ نــ فد	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registe
Name of New Registered Agent:		FH 12
New Registered Office Address:	Enter Florida street ada	fress
		Florida
	City	Zip Code

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Javarius Degraffenreid	11316 N Sand Street	Thyan
	Degrattenreill	Tampa FL 33617	
AMBR	Ebrima Touray	11316 IN 52nd Street	OChange OPC
		Tampa FL 33617	□Remove
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