| (Re | questor's Name) | |
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| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | :#) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: | Registration Sec Division of Corp | | | |
|---------|--------------------------------------|--|---|--|
| SUBJ | ест: <u>Е</u> ХО | USive Hook of Lin | M Lourge LLC nited Liability Company | · |
| The en | closed Articles of A | amendment and fee(s) are sub | omitted for filing. | |
| Please | return all correspor | dence concerning this matter | to the following: | |
| | | Ella C | BAKER Name of Person | |
| | | | Firm/Company | |
| | | 3824 SE 1 | 3741 Lane Address | |
| | | Summenfie | City/State and Zip Code | |
| | | ella baller 6 E-mail address: | 30 amail Com to be used for future annual report notif | ication) |
| For fur | ther information co | ncerning this matter, please c | all: | |
| _6 | la L. Name of | BAKW | at (<u>353</u>) <u>4210 -</u> Area Code Daytime | 4390 Telephone Number |
| . / | ed is a check for the | following amount: | | |
| \$2: | 5.00 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

| | ability Company as it now appears on of corida Limited Liability Company | LLC our records.) | ···· |
|---|--|---------------------------|-----------------|
| The Articles of Organization for this Limited Liability Florida document number <u>L172000975</u> | ity Company were filed on _5/ | 2/17 | and assigned |
| This amendment is submitted to amend the following | g: | | |
| 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 Company," the designation | ation "LLC" or the abbrev | iation "L.L.C." |
| Enter new principal offices address, if applicable | | | |
| (Principal office address MUST BE A STREET A | DDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX | | JALLAN | |
| (Matting address MAT BE A POST OFFICE BOX | | ASSE | 10 |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | records, enter the ORIO | name of the nev |
| Name of New Registered Agent: | | | · |
| New Registered Office Address: | Enter Florida st | reet address | |
| _ | | , Florida | |
| _ | City | | Lip 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 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 = Manager
AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|----------------|-------------|----------------|
| AMBR | Ella L. Baker | | |
| | | | □ Remove |
| | | | Change |
| MGR | Ella L. Baller | | Add |
| | | | Remove |
| | | <u> </u> | Change |
| | | | |
| | | | Remove |
| | | | ASSEE FLORIDA |
| | | | Remove |
| | | | ☐ Change |
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| | AR S |
| | ASSE ASSE |
| | The Barrier |
| | OR. |
| | |
| 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 than tote: If the date inserted in this block does not meet the applicable statutory filing requiocument's effective date on the Department of State's records. | (optional) n 90 days after filing.) Pursuant to 605.0207 irements, this date will not be listed as |
| e record specifies a delayed effective date, but not an effective time, and the sound is filed. | at 12:01 a.m. on the earlier of |
| ated June 8, 2017. | |
| | |

Page 3 of 3

Filing Fee: \$25.00