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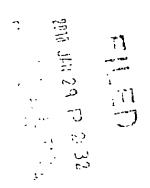
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| TO: Registration Se Division of Cor | | | | |
|----------------------------------------|-------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------|
| SUBJECT: | And | LLC ited Liability Company | | |
| | | . 16 60 | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | indence concerning this matter | to the following: | | |
| | LUCIANO | D. Lucisno | | |
| | | Name of Person And 1. LLc | | |
| | | Firm/Company | | |
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| | | Lx is No @ Yas hard to be used for future annual report notif | | <u>.</u> |
| For further information c | oncerning this matter, please ca | all: | , ; | > |
| LUCIANO D |), LUCIANO | at (647, 544) | 7867 | (ب) ج- |
| Name o | f Person | Area Code Daytim | e Telephone Number | |
| Enclosed is a check for th | ne following amount: | | | |
| \$25.00 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

| And, Llc | | |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny <u>as it now appears on our records</u> Liability Company) | 5.) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L1700102669</u> . | were filed on Way - 07 | -201 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 "Limited Liabil | ity Company," the designation "LLC" | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 1604 tuscanBA Wesley Chap | y circle. |
| (Principal office address MUST BE A STREET ADDRESS) | Wesley Chap | e1,76,33545 |
| | | 7 |
| Enter new mailing address, if applicable: | | C-1 |
| (Mailing address MAY BE A POST OFFICE BOX) | | 2 |
| | | |
| B. If amending the registered agent and/or registered of | fice address on our records | |
| registered agent and/or the new registered office address here | 2: | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | City Flo | rida 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 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 = A | authorized Member | | |
|--------------|---------------------|----------------------------------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| ective date, if other than the date of fi | ling: | 6.61 | (optional) | ; : ; : | 0301 |
| fective date, if other than the date of file in effective date is listed, the date must be specificate: If the date inserted in this block does not current's effective date on the Department of | and cannot be prior to da of meet the applicable | ate of filing or more than statutory filing require | 90 days after filing.) Po | ursuant to 605.0 | 020 d a |
| record specifies a delayed effective The 90th day after the record is file | | n effective time, a | t 12:01 a.m. on | the earlie | r o |
| ed Jan-14-2017 | . , | / | | | |
| led | - - , | | | | |
| | f a member or authorized | d representative of a mer | nber | | |

Page 3 of 3

Filing Fee: \$25.00