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ACCESS, INC.		Avenue. Tallahassee, Florida 32303 ~ (850) 222-2666 or (800) 969-1666.	Fax (850) 222-1666
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INSTRUCTIONS:

COVER LETTER

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SUBJEC	1:		ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	endence concerning this matter	to the following:	
		ROBERT P. SALTSMAN		
			Name of Person	
		ROBERT P. SALTSMAN	, P.A.	
			Firm/Company	
		P.O. BOX 2146		
			Address	
		WINTER PARK, FL 3279	00	
		·	City/State and Zip Code	
		halvaldes3@gmail.com		<u> </u>
r € . 1			to be used for future annual report notif	ication)
ror iurine	r intormation c	oncerning this matter, please c	411:	
ROBERT	P. SALTSMA		407 647-2899 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 Filing Fee	S30.00 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

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were filed on MAY 9, 2017	and assigned
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lity Company," the designation "LLC" or	the abbreviation "L.L.C."
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Enter Florida street address	
	Zip Code
	my as it now appears on our records.) Liability Company) were filed on MAY 9, 2017 bility company here: lity Company." the designation "LLC" or ffice address on our records, gene: Enter Florida street address Florida.

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>	<u>Name</u>	<u>Address</u>	Type of Action			
MGR	BRAD HUGHES	1608 W. IVANHOE BLVD.				
		ORLANDO, FL 32804	■ Remove			
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Filing Fee: \$25.00