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· (Address)
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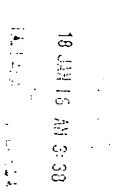
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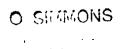


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COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT:	et Liquid T	Runding LLC ed Liability Company		
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.		
Please return all corresponde	ence concerning this matter to	o the following:		
	D300 Pala	Name of Person Liquid Fordice Firm/Company M Beach Lakes RI Address Address City/State and Zip Code	vd #311 West Ralm	Bach, FC 33409
-	E-mail address: (to	City/State and Zip Code (205/a) /Ahon. Co be used for future annual report notific	ation)	
For further information conc	erning this matter, please cal	II:		
Name of Po	MOS-k	at (<u>567)</u> 722 Area Code Daytime	6539 Telephone Number	
Enclosed is a check for the f	ollowing 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

het Lighted Funda	na ILC ==
(Name of the Limited Liability Compar (A Florida Limited L	ny as if now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1700103726 This amendment is submitted to amend the following:	were filed on 5.10.2017 and assigned
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company "the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2300 RIM Beach Lakes Plyd #31, Wast Palm Beach, FC 33409
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2300 Palm Beach Lakes Blad #31/ West Calm Beach, Fl 33409
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
N. D. C. J. C. C. C. C. D. C. C. C. D. C.	City Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publication being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

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
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			Change
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	serted in this block de e date on the Departi			utory filing requir	rements, this d	ate will no	t be listed a
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	Signa	ture of a membe	of authorized per	presentative of a me	mber		

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Filing Fee: \$25.00