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COVER LETTER

Division of C		
	& ASSOCIATES LLC	
SUBJECT:	Name of Limited Liability Company	
	of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following:	
riease feturii an corre	STUART R BLUM CPA	
	Name of Person	
	BLUM & BLUM	
	Firm/Company	
	5511 N UNIVERSITY DRIVE SUITE 101	
	Address	
	CORAL SPRINGS, FL 33067	
	City/State and Zip Code	
	STUART@BLUMANDBLUM.COM E-mail address: (to be used for future annual report notification)	
For further informati	n concerning this matter, please call:	
STUART R BLUM	PA 954 752-9995	
. Na	at () He of Person Area Code Daytime Telephone Number	
Enclosed is a check t	or the following amount:	
■ \$25.00 Filing Fe	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status	tus &

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

ipany as it now appears on our records.) ed Liability Company)	
iny were filed on 05/10/2017	and assigned
iability company here:	
iability Company," the designation "LLC" or	the abbreviation "L.L.C."
<u> </u>	
d office address on our records, <u>e</u>	enter the name of the
	7 33 34
	<u> </u>
	: C.5
Enter Florida street address	
, Flori	
i i	ability company here: ability Company," the designation "LLC" or

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SUTHERLAND, ALLAN	7870 EXETER BLVD EAST	
		TAMARAC, FL 33321	■ Remove
	The Swtherland		Change
MGR	The Sutherland Family Living Trust dated June 23, 2017	7870 EXETER BLVD EAST	= Add
		TAMARAC, FL 33321	Remove
			Change
			☐ Remove
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(optional effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing it. If the date inserted in this block does not meet the applicable statutory filing requirements, this date amount's effective date on the Department of State's records	g.) Puissant to (425 D
record specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. The 90th day after the record is filed.	, on the ea	rlies
X Cela Sizerland		
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Page 3 of 3

Filing Fee: \$25.00