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SECRETARY OF STATE
OIVISION OF CORPORATIONS

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COVER LETTER

SUBJECT:	BJECT: Rame of Limited Liability Company		
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Aukl			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
Division of Corporations JRJECT:			
	Billy	ing this matter to the following: Solidar Status Status Securitied Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Security Status & Certified Copy (additional copy is enclosed) Certified Copy (certified C	
	Billion LLC Firm/Company 302/ 49th Terrace S. Address H. Peter Shurg FL 337/2 City/State and Inp Code Well, Grass & Yahas, Com E-mail address: (to be used for future annual report notification)		
	Name of Limited Liability Company ed Articles of Amendment and fee(s) are submitted for filing. rn all correspondence concerning this matter to the following:		
	E-mail address: (t	ials a vaho	O. COM Diffication)
For further information c	oncerning this matter, please ca	all:	
Name o	Di als of Person		me Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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 ARTICLES OF ORGANIZATION **OF**

Billion Lh.	2	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1700010687</u> /.	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company her	:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		18 IV.S.E.C.
		€1
		randa Constant
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		our records, <u>enter the name of the no</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floria	a street address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·	·
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of n provided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is
If Cha	nging Registered Age	nt, 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	Luke Dials		Add
		3021 49th Terr So. St. Petersburg FL 33712	Remove
		J. 1241 Willy PD 53112	☐ Change
			🗅 Add
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Effective date, if other than the date of filing:		
ne record specifies a delayed effective date, but not an effective time, at 12:01. The 90th day after the record is filed.	a.m. on the ea	arlier of
Dated 8-15-30/8.		
		_
Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00