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TO: Registration Sect Division of Corpo					· · · . •
SUBJECT: Big		Postonation, uc			
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.			
Please return all correspond	dence concerning this matter to	o the following:			
	Valer	Name of Person			
		Firm/Company			
	7055 NW	Chattancochec (CN.	2019 JUL	· · · ; 2>
	Bristol, F	L 32321 City/State and Zip Code		0	PPROV FILED
	bhaner E-mail address: (t	CSTORATION CONCU	l. CO	ÅH 10: <u>0</u> .5	
For further information con	ncerning this matter, please ca	II:		Sı	
Name of	Person	at ()	Telephone Number		
Enclosed is a check for the	e following amount:				
 	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate (Certified Co (additional cop	of Status & opy	

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**

Name of the Limited Link (A Flor	ttome Decident Company as it now a rida Limited Liability Comp	appears on our rec				
The Articles of Organization for this Limited Liability Florida document number L17 0001129 33	Company were filed of	on <u>5/22/</u>	2017	and ass	gned	
This amendment is submitted to amend the following						
A. If amending name, enter the new name of the li	mited liability compa	anv here:		_, '	21	
The new name must be distinguishable and contain the words "I	imited Liability Company	." the designation "l	LLC" or the abbrev	riation "L.	<u>=</u> Ec.:	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, g		:- :		2
Enter new principal offices address, if applicable:	 			<u> </u>	9	
(Principal office address MUST BE A STREET AD	DRESS)		_ _	· · · · ·	-	وفرا
					:0: VH IO:	_ :
				: -	Ö	
Enter new mailing address, if applicable:					05	
(Mailing address MAY BE A POST OFFICE BOX)						
						_
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ess on our reco	ords, <u>enter the</u>	name	of the	new
Name of New Registered Agent:						_
New Registered Office Address:						_
	En	ner Florida street ad	dress			
		_	, Florida			
	Ciţi	· · · · · · · · · · · · · · · · · · ·	·	Zip Code		
New Registered Agent's Signature, if changing Registe	ered 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>	Name	Address	Type of Action
MGR	John Zimnicki	7655 NW Chattancochec	<u>G</u> Y _{□ Add}
		Bristol FL 32321	Remove
			Change
			□ Remove
			20 Change
		<u></u>	FILED
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lote: If the date insert	er than the date of filing: the date must be specific and cannot ed in this block does not meet that on the Department of State's	ie applicable statutory t	(option or more than 90 days after fiftling requirements, this c	nal) ling.) Pursuant to 605,0207 date will not be listed as
e record specifies The 90th day afte	a delayed effective date, er the record is filed.	but not an effectiv	ve time, at 12:01 a.i	m. on the earlier o
ated July 9	120)19		·
	Signature of a member	r or authorized representa	ntive of a member	
	Valerie Tas	SC. I or printed name of signe		

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Filing Fee: \$25.00