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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section

Division of Corporations	
SUBJECT: TAC JUY C) YOM! Name of Limited Liab	ve Structs LLC pilling Company
The enclosed Articles of Amendment and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the f	oflowing:
J. Travis	WILKINSON Same of Person
Praclis 7	G & INC. Firm/Company
172 N. Brl	cher Rd Suite A Address
Chronicher Chy The Pr E-mail address (to be us) For further information concerning this matter, please call: The costs wilk proof Name of Person	State and Zip Code Well GS Tax. Cow ed for future annual report notification)
For further information concerning this matter, please call:	
J. Toovis Wilkinson Name of Person	at (727) 479-4590 3 Area Code Daytime Telephone Number 32
Enclosed is a check for the following amount:	
Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed) 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

(Name of the I smited	, pound	Service	s HC	
(Name of the Himited (A	<u> Liability Company</u> Florida Limited Lia	as it now appears on ou bility Company)	<u>ir records.</u>)	
The Articles of Organization for this Limited Liab		ere filed onO 5/	130/17	and assigned
This amendment is submitted to amend the follow				
A. If amending name, <u>enter the new name of th</u>	_	ty company here:		
The new name must be distinguishable and contain the word	Is "Limited Liability	CVUICES L	LC ion "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicab				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>OX)</u>			
B. If amending the registered agent and/or	registered offi	ce address on our	records, enter	the name of the new
registered agent and/or the new registered offic			SS: 1	
Name of New Registered Agent:	Pinelle	is Tax,	INCE	
New Registered Office Address:		Belcher Enter Florida str	et adaress	ille A
	Clearing	City	, Florida	33765 Zip Code

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 Type of Action Address Title Name MGR Juliano Menegolo 25350 US AUY 19N DAdd Clyarwoder, FL 33763 Change MGR coroline Gubert 25350 us Huy 19NDAdd
D Menegolo Clearweler FL 337630 Change MCR Jenialuc 25350 us Awy 19N DAGO cardoso cruz #50 □ Remove Clearwater FL 33763 Change-Remove 7 Change [□ Add ☐ Remove ☐ Change □ Add □ Remove _🛘 Change

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	Services (continued to the section)
ffect an ef	tive date, if other than the date of filing: (optional); (optional);
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
ocun	nent's effective date on the Department of State's records.
e re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.
me	90th day after the record is filed.
ated	<u>6/12/#</u>
	Signature of a member or authorized representative of a member
	The state of the s

Page 3 of 3

Filing Fee: \$25.00