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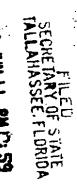
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## **COVER LETTER**

TO: Registration Section . Division of Corporations .	
SUBJECT: 10M G10M by SQM UC 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:	
Samantha Milter Name of Person	<del></del>
I AM EILAM BU SAM U.C	
3550 Blue lake drive Apt 404B	—- <b>∂</b> a⁄
Address	<b>79</b>
City/State and Zip Code	
E-mail address: (to be used for future absual report notification)	20M
For further information concerning this matter, please call:	
Samanting Milter at (954) 993-1724  Area Code Daytime Telephone N	umber
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.  Certificate of Status ☐ \$55.00 Filing Fee & ☐ \$60.  Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)	.00 Filing Fee, rtificate of Status & rtified Copy ditional 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, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on May 30, 2017 and assigned Florida document number LITODONBUZT.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:  FOR VEY DECTIVED  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation [L.L. C]  Enter new principal offices address, if applicable:
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:
New Registered Office Address:  Enter Florida street address
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

If Changing Registered Agent, Signature of New Registered Agent

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 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>:

	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Actio
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(It an effective Note: 1	ve date, if other than the date of filing:	0207 (3 d as th
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	r of:
	June 7 2018.	
Dated _	$\mathbf{Q}$	
Dated _	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00