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(Requ	estor's Name)	
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(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
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SECRETARY OF ST

FILED 1NOV 27 PH 2:

K. SALY NOV 29 2017

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	Lintin LLC Name of Lim	ind Linkillon Comment	
	Name of Lim	med Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	`
	-Phillip CI	Name of Person LC C Firm/Company	
	,	Name of Person	
	Vistin	LLC	
	-	Firm/Company	
	2349 G	entral Aue Address	
		Address	
	- St Retors	Sorg FL 337/3 Sity/State and Zip Code	
	E-mail address: (Daka Kana Com to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Phillip Ch	で55p心 f Person	at (<u>727</u>) <u>744 - 7</u> Area Code Daytim	3 9 9 . e Telephone Number
Enclosed is a check for th	-		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, 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**

J	FILED
•	2017 NOV 27 PM 2
Γ,	SECRETARY OF ST.

(Name of the Limited Liability Compa (A Florida Limited)	TALLAHASSEE, FLORIDA Liability Company)
The Articles of Organization for this Limited Liability Company Florida document numberL17000 128417	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabit	
Enter new principal offices address, if applicable:	- only Zip Code - changed
(Principal office address MUST BE A STREET ADDRESS)	St Returnshory, FL 33713
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	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City 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:

AMBR = Aut	norized Men <u>Name</u>	iber	<u>Address</u>	Type of Action
THE	Name	-	Address	Type of Action
AR	Dan	Soronen tive	5026 574 Aue S	Add
Authorized	Represent	tive	St Petersburg, FL 33713	□ Remove
		-	07 767(15 0012) 12 30713	Remove
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). If amen	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effec Note: If	tive date, if other than the date of filing:
) The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Nov 20, 2017 . 2017 . My Clean Say, UC a Man & Palasan UC on Man of National Construction of a hiember or authorized representative of a intember SL PACE E. LLC for Vindian
	PhilLip G. Chesson Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00