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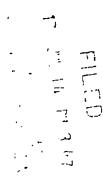
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COVER LETTER

то:	Registration Section Division of Corpor				
SUBA	ECT: <u> Merve</u> e	3 / 10/10/1/199 Name of Limite	LLL Company	. <u> </u>	
The en	iclosed Articles of An	rendment and feets) are subm	itted for filing.		
Please	return all corresponde	ence concerning this matter to	the following:		
		Stophen	Andirson		
		_ A'Men	201 - 1011117772 g		
		3750 Js	Larel Club Dr	Apt 1115	
		Nocon Pa) <u>VET /E 3428</u> City/State and Zip Code	<u> </u>	
		PG/ GPAcry A E-mail address: (to	6 ho used for future annual report notifi	2006/2002	
For fi	orther information con	cerning this matter, please ca	ll:		
,	Stephen	Lenderson	at (941) 769	7601	
	Name of P	erson	Area Code Daytime	Telephone Number	
		8.0		•	-1
	sed is a check for the		F*** ** = * *** **** ** * * * * * * * *	頃 \$60,00 Filing Fee.	
□ \$	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	- F 5.
			Certified Copy Certificate of Status &		

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 Liability Company (A Florida Limited Liability Company)	as it now appears on our ty	cords.)		_ .	
The Articles of Organization for this Limited Liability Company was Florida document number <u>(17040733411</u>).	ere filed on JUVA Z	4 <u>,30</u>	///_ai	nd assig	ned
This amendment is submitted to amend the following:		•			
A. If amending name, enter the new name of the limited liability	y company here:				
The new name must be distinguishable and contain the words "Limited Liability	Company, the designation	"LI (" or the	abhreviat	ion "L.L.	.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		.	··		
				- 	
B. If amending the registered agent and/or registered offi	an addrass on our re	eards, ent	er the :	name o	of the nev
B. If amending the registered agent and/or registered office address here:	ee address on our re	cortist <u>crit</u>	<u> </u>		
Name of New Registered Agent:					
No. 15 Carried LOSE of Additional			1		
New Registered Office Address:	Enter Florida street	address	:	:	
		_, Florida	·•	(1	
	City		* * Zi	p Code-	[.]
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office company has been notified in writing of this change.	erformance of my dult rovided for in Chapter	es, and Fa 605, F.S. (m jamu Or. if th	iar wiij is dociii	n ana ment is

If Changing Registered Agent, Signature of New Registered Agent

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>:

MGP = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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fective date, if other than the date n effective date is listed, the date must be sp ote: If the date inserted in this block d	oes not meet the ap	phicable statutory	g or more than 90	(optional) lays after filing, ents, this date) Pursuant	to 605.0. e listed
cument's effective date on the Departi						
cument's effective date on the Departi record specifies a delayed effe	ective date, but s filed.	t not an effect	ive time, at :	12:01 a.m.	on the (earlier
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Filing Fee: \$25.00