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S. WARREN JUL 0 3 2017

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	S. T. C. Tan Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Keun	Cique e Name of Person	
	676	Firm/Company	
	2040	E Hampshi Address	ire St
	Inders	ess, PL 3LHL City/State and Zip Code	+53
	Damme L E-mail address: (t	o be used for future annual report notifi	mail. com
For further information	concerning this matter, please ca	ıll:	
Pam	of Person CPA	at (350) 584 Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$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

(Name of the Limited L. (A F	iability Company as it now appears on lorida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabil	ity company were med on	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	street address
	C:L.	, 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 and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this comment is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited limited 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 Title Address Name** MGKM Kerin Giguere 2010 E Hempshire St 0 Add Remove ☐ Change ☐ Add □ Remove ☐ Change ☐ Add □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add □ Remove Change Remove Ç □ Change

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Note: I docume	e date, if other than the date of filing:
Note: I docume	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and it is effective date on the Department of State's records.
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Note: I docume	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed. Signature of a member or authorized representative of a member
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Filing Fee: \$25.00