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S. WARREN AUG 2 1 2017

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: 600	DEN FROB INVEST Name of Limit	INENTS LLC.	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please rettun all correspo	ndence concerning this matter	to the following:	
	OSCA	2 FATACH	
	600 DE	Name of Person FROG DAVISTY (UTS), U Firm Company	<i>C</i> .
	<u> </u>	Firm Company	<u></u>
	35	15 EAST GULLOUES	rect
	~	Address 11am, FL 33/33-4020)
		City/State and Zip Gode ESQ Wymn L.com to be used for fature annual report no	
For further information co	E-mail address: (to oncerning this matter, please co		tification)
Micha	e) ruit	at (<u>786)</u> 468437 Area Code Dayti	14
Name of	Person	Area Code Dayti	me Lelephone Number
Enclosed is a check for th	e following amount:		/
II \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MATLING 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

(<u>Name of the Limited L</u> (A F	iability Company as it now app forida Limited Liability Compan	cars on our records.) y)	111741
The Articles of Organization for this Limited Liabil Florida document number 1700140151	ity Company were filed on	06/28/2017	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company	here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," th	e designation "LLC" or the	abbreviation L.L.C."
Enter new principal offices address, if applicable	2:		AUG .
(Principal office address MUST BE A STREET A	DDRESS)		, 8
			<u> </u>
Enter new mailing address, if applicable:			2: 27
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	address here:		
Name of New Registered Agent:	Michael A.	Ruit 7 AVE Suite 100	
New Registered Office Address:	2780 S.J. 8	7 AVE SHITE 10C)
			33165
-	City	, Florida _	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 herely 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00