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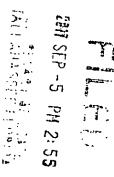
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COVER LETTER

TO:	Registration Sect Division of Corpo	
CT IFE DEC		TERS MOST 5FS, LLC
SUBJE	UI:	Name of Limited Liability Company
The enc	losed Articles of A	mendment and fee(s) are submitted for filing.
Please re	eturn all correspond	dence concerning this matter to the following:
		BRIAN SCRONE
		Name of Person
		WHAT MATTERS MOST 5FS, LLC
		Firm/Company
		501 BOATING CLUB ROAD
		Address
		SAINT AUGUSTINE, FLORIDA 32084
		City/State and Zip Code
		COCOSCRONE@HOTMAIL.COM
		E-mail address: (to be used for future annual report notification)
For furth	ner information cor	scerning this matter, please call:
CONSTANZE SCRONE		239 877-2052 at ()
	Name of I	
Enclose	d is a check for the	following amount:
(¥\&r_5.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. Certificate of Status & Certificate Opy (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 Liability (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	••		
The Articles of Organization for this Limited Liability C Florida document number L17000164468	ion for this Limited Liability Company were filed on AUGUST 2, 2017 and assigned L17000164468			
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liability company here:	any here: AUGUST 2, 2017 and assigned any here: Any		
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or th	e abbreviatio	n "ll.	.c."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDR	PESS)	·-·:	149	6 24 ***!
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nter new mailing address, if applicable:		<u>'1 </u>		1
Mailing address MAY BE A POST OFFICE BOX)				
		; .		
 If amending the registered agent and/or registered agent and/or the new registered office additional 		ter the na	me o	f the
Name of New Registered Agent:				
New Registered Office Address:				
-	Enter Florida street address			
<u> </u>	Florida			
	City	Zip C	ode:	

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	BRIAN SCRONE	501 BOATING CLUB ROAD, SAI	■ Add
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fective date, if other than the in effective date is listed, the date mu	e date of filing: st be specific and cannot b	be prior to date of filing	or more than 90 days	optional) after filing.) Pursuant to 60	05.00
ote: If the date inserted in this b	lock does not meet the	applicable statutory	filing requirements.	this date will not be lis	ted
cument's effective date on the D	repartment of State's re	ecoras.			
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Page 3 of 3

Filing Fee: \$25.00