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(Red	questor's Name)	
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(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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COVER LETTER

TO:

Registration Section

Registration Section

P.O. Box 6327 Tallahassee, FT 32314

Division of Corporations

Division of Co	rporations		
SUBJECT:) / / = X / T	sted Liability Company	
	Name of Line	aca macany company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresponding	ondence concerning this matter	to the following:	
	INGE C	OSMEND	
		Name of Person	
	3 J	M / FIX IT	
		Firm/Company	
	339 N.LU	- AMBLESID	EDR
		Address	
	LAKE CIT	- Y FUA BRU	55
		City/State and Zip Code	
	E-mail address: ()	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
TUGE	SS MON	at (<u>154)</u> <u>M/L = 5</u> Area Code Daytime	1.51
Name of	if Person	Area Code Daytime	Telephone Number
functosed is a check for t	he following amount:		
	S30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60,00 Filing Fee.
<i>Y</i>	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		. ,	tadditional copy is enclosed)
MAH	JNG ADDRESS:	STREET/COURIE	IR ADDRESS:

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tullahassee, IT 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limites	Liability Compai A Florida Limited L	ny as it now appears on c ability Company)	our records.)		-
The Articles of Organization for this Limited Lia Florida document number <u>217000164</u>	bility Company 852	were filed on 8	2-2017	and :	nssigned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	the limited liabi	lity company here:			
The new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the designa	ation "LLC" or the al	obreviation '	"L.L.C."
Enter new principal offices address, if applica	ble:				
(Principal office address MUST BE A STREET	'ADDRESS)	Scin	W		17 AUG
Enter new mailing address, if applicable; (<u>Mailing address MAY BE A POST OFFICE B</u>	(OX)	Same			722 74 7: 31
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered of ice address her	Tice address on our	r records, <u>enter</u>	the nam	ne of the new
Name of New Registered Agent: New Registered Office Address:	JAMES 339 N	S. C. OSM W. AMBL Ener Florida si	ON D ESIDE D	»R	
		I Ty			<u> 2055 </u>

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.

X Comb Converd

1 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 = M $AMBR = A$	lanager .uthorized Member		
Title	Name	Address	Type of Action
	CARTABARROW	4402 SET34 SE	Add
		Summufula The 34	17/14 Remove
			🗆 Change
	JAMES C. OSMOND	339-N.W. AMBLESIDE DI	Add
		LAKE CITY, FEB 3205	Remove
			Change
			🗆 Add
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Filing Fee: \$25.00