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SECRETARY OF STATE

K. SALY NOV - 8 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: TOTAL BY ON Name of Person Name of Person Name of Person Address RIVENIEU FL 33378 City/State and Zip Code Company Enclosed is a check for the following amount: Enclosed is a check for the following amount: S25.00 Filing Fee S55.00 Filing Fee S60.00 Filing Fee.
MAPOLIDAZELLC Firm/Company
_6267 diverdale Drive
RIVENITUIFI. 33578 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$ Certificate of Status \$\Bigcup \$ Certified Copy (additional copy is enclosed) \$\Bigcup \$ 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**

ARTICLES OF AMENDINENT	
TO F	11 ~
ARTICLES OF ORGANIZATION 2012.	FED
OF OF	,
ARTICLES OF ORGANIZATION OF Nopy Doze L. (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	OF STATE
	ssigned
This amendment is submitted to amend the following:	
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 designation "LLC" or the abbreviation "	"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 office address on our records, enter the name registered agent and/or the new registered office address here:	of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida _

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 = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		Riverview, A. 33578	Remove
			☐ Change

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	Del	Signature	of a member or	authorized repre	sentative of a mer	nber		_

Page 3 of 3

Filing Fee: \$25.00