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TALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Reverse Can Day Hyther Company  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:
Reverence Person
Ruberce Tignier Cyt I.I.C.
9667 James Cveck Rel
Christmas II 32709 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Respected Dayley at 464 267-2052  Name of Person Daytime Telephone Number
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 \& Certified Copy Certificate of Status \& Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, 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 Liability Compan (A Florida Limited Li	ry as it now appears on our records.)
The Articles of Organization for this Limited Liability Company velocida document number $\frac{L1700182721}{}$ .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile.  At A	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32258
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	4464 Willow Chase Ferrace Jack Son Ville Fl 32258
3. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	JUN TO SECRE
New Registered Office Address:	TAR HASS
	Enter Florida street address Florida
Vay Degistered Agent's Signature if changing Degistered Agents	City Zip Code OR II OR III OR II OR
	_:= 1 1 4

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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record specifies a delayed effective The 90th day after the record is filed		an effective ti	me, at 12:01 a.	m. on the earlier	ro
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	a member or author	rized representative o	f a member		
Signature or		. 0			

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Filing Fee: \$25.00