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SECRETARY OF STATE
SECRETARY OF STATE

K. SALY OCT -3 2017

#### . COVER LETTER

	ration Section on of Corporations
SUBJECT:	Name of Limited Liability Company
The enclosed Ar	rticles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Calthonia Turk
	Name of Person
	Firm/Company
	4107 SW 3/St. Place
	acala, A 34174
	City/State and Zip Code  CUL HULL WAY  E-mail address: (to be used for future annual poor notification)
For further infor	mation concerning this matter, please call:
arth	henia Turk at (813), 45/.8254
	Name of Person Area Code Daytime Telephone Number
Enclosed is a che	eck for the following amount:
\$25.00 Filing	g Fee \$\sum \\$30.00 \text{ Filing Fee & \$\sum \\$55.00 \text{ Filing Fee & \$\sum \\$60.00 \text{ Filing Fee,}}\$  Certificate of Status & Certified Copy (additional copy is enclosed)  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 ARTICLES OF ORGANIZATION

2017 OCT -2 PM 2:27 as it now appears on our records. The Articles of Organization for this Limited Liability Company were filed on Florida document number 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 "LLC." 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 of the new registered agent and/or the new registered office address here: 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.

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 = M $AMBR = A$	anager uthorized Member		. • •
Title	Name ARTHONIA TURK	Address 4107 SN 31St Place Olma, R. 34474	Type of Action
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	he date must be specifi I in this block does	ic and cannot be prior to date on the control of the applicable states.		_ (optional)  ays after filing.) Pursuant to 605.  ays, this date will not be liste	
e record specifies a	delayed effecti	ve date, but not an e	fective time, at 1	2:01 a.m. on the earlie	er o
The 90th day after					
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Typed or printed name of signee

Filing Fee: \$25.00