L17000189689

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TALL MANASSEE, FLORIDA

S. WARREN 00T 1 6 2017

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Deal	impa(T wind Name of Lim	ted Liability Company	LC
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	TUMAS	MOYA Name of Person	
	Deal impact	T WINCOMPANY Firm/Company	ors ll C
	<u>18801 S</u>	Address	
	<u>utter</u>	BAY FL 3315 City/State and Zip Code	4
		COVPENVE.	
For further information co	oncerning this matter, please ca	all:	
Jenn F Name of	CY MAIHN (Person	at (<u>305</u>) <u>32</u> Area Code Days	8 - COLO time Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & 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 Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 9 16 17 and assigned Florida document number L 17000 189689.
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 "L.L.C." or the abbreviation "L.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 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
, Florida
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

If Changing Registered Agent, Signature of New Registered gent

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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 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>	<u>Name</u>	Address	Type of Action
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ffective date, if other than effective date is listed, the	han the date of filing date must be specific and	1:	of filing or more than 90	(optional) days after filing.) Pursuant to 60	05.020
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ated <u>OCTOBER</u>	11 th	2017)		⊒ ≥ =	
	100	~ / /			7 00	
	J Signature of a r	member or authorized r	epresentative of a membe	er	7 - 3	<u></u>
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		ryped or printed name	or signee	;	AM II: 49	-
		Dage 2 of			5	

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Filing Fee: \$25.00