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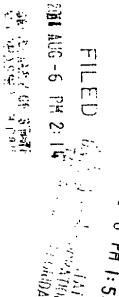
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

то:	Registration Section Division of Corpor		17	1 //)
SUBJI	CT:	Mame of Limited	Can Faca	dise ///	/ vm; 1 / m
The en	closed Articles of An	nendment and fee(s) are submit	ted for filing.	,	Screen
Please	return all corresponde	ence concerning this matter to t	the following:		
			Name of Person Paradia do Firm/Company Address City/State and Zip Code De used for future annual report notifications City/State and Zip Code	1/2 1/2 - 5 277	Scheril
For fu	rther information con	cerning this matter, please call:		, -	
<u>J</u>	Name of P	erson	at (27) Area Code Daytime To	clephone Number	
Enclo	ged is a check for the	following amount:	•		
	25.00 Filing Fee		\$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

Amoin 5	aral.3	Alumin	المارية	rec	'n (- 4-
(Name of the Limited Lia (A Flo	ibility Company orida Limited Lial	as it now appears on ou bility Company)	r records.)			,
The Articles of Organization for this Limited Liabilit	y Company w		6-18	and assign	<u>-</u>	
This amendment is submitted to amend the following	ā;				FILI AUS -6	
A. If amending name, enter the new name of the				~ ~~		
The new name must be distinguishable and contain the words	Limited Liability	Company," the designati	ion "LLC" or the abb	reviationl(<u>. </u>	
Enter new principal offices address, if applicable:	:			-		
(Principal office address MUST BE A STREET AL	ODRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2					e congr
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		ice address on our				
New Registered Office Address:		Enter Florida str	eet address, Florida	32333 2000 (1000)		

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 = Mana AMBR = Auth	nger orized Member			
Title MGR	Name Janie	Putler	Address 113 M;/	Type of Action
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,				☐ Change
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Filing Fee: \$25.00