## LT00019999

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name	)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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SCHRETARY OF STATE

D. SCOTT DEC 6 2017

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	SUL TING	bur records.	<u>.</u>	
The Articles of Organization for this Limited Liability Company Florida document number 41700019985	were filed on $\mathcal{I}$	1/27/17	and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	nation "LLC" or the	e 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 o registered agent and/or the new registered office address her		r records, ent	er the name	of the new
		3	SSS.	1
New Registered Office Address:	Enter Florida .	street address , Florida	E P	70
New Registered Agent's Signature, if changing Registered Agent:	City		Zip Ode	
I beroby accord the appointment as registered agent and age	-	acity I further	agree to com	nlv with the

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 = Ma $AMBR' = Au$	anager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ument's effective date of	on the Department of	State's records.					
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, ,	Signature of a	յ լղթըլլը ու գուտ					

Page 3 of 3

Filing Fee: \$25.00