L17000206347

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2017 OCT 23 PM 1: 16

S. HARRIS

COVER LETTER

TO: Registration Sec Division of Corp			
		(()	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	idence concerning this matter t	o the following:	
	Francy Becc	Name of Person	
		Firm/Company	
	9113 15 26 13	Address	
		Address	
	Office holmer	City/State and Zip Code	
		City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	dl;	
/ (12) 10 } / Name of	(() Person	at (<u>SC :</u>) <u>CD 2</u> Area Code Daytime	3 (1 1 3 Telephone Number
Enclosed is a check for th	e following amount:		
図 \$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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

/ unes floor in a LLC (Name of the Limited Liability Company as it now app (A Florida Limited Liability Company)	pears on our records.)			
The Articles of Organization for this Limited Liability Company were filed on	10-5-2017	and as	signe	đ
Florida document number <u>L 171000 206347</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company	here:			
			1.77	
The new name must be distinguishable and contain the words "Limited Liability Company," (he designation "LLC" or the abbies	zamon i	الملمال ا	
Enter new principal offices address, if applicable:		 -	~	
(Principal office address MUST BE A STREET ADDRESS)			=	Bank Bry
		 -	3_	
		•	N	New Jac
Enter new mailing address, if applicable:		·	<u>ω</u>	. .
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
			$\overline{\cdot \cdot}$	-
			9	
B. If amending the registered agent and/or registered office address	on our records, enter the	e name	e of t	the nev
registered agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:	Florida street address			
Ento	Ритии мусч ишисээ			
Cin:	, Florida	Zip Cod	le	
(1¼.			•	

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.

H Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member Type of Action Address Title Name AMBR William Rivers 4113 SE 26th Street PAND ORCECHOPER F1 34974 _____ 🗆 Remove \square Add __ 🗆 Remove _□ Change _ □ Add □ Remove ☐ Change □ Add ☐ Remove '□ Chant

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

					
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	am the date of filin	g: 10 - 20 a	of filing or more than	(optional) 90 days after filing.) F	ursuant to 605.020
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Filing Fee: \$25.00