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Name of Limited Liability Complany  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  ALLY MATO IT SPOTLES  Firm/Company  Address  FOR MYELS I SOUTH AND IN ADDITIONAL IMPORTANT AND INTERPORT TO THE MATO IN A SOUTH AND INTERPORT TO THE MATO INTERPORT TO THE MATORICAN TO THE MATORICA	RUBJECT: MA	IID IT SPOT	LESS LLC	,		
Please return all correspondence concerning this matter to the following:    All   Mile     Name of Person			ed Liability Company		<del></del>	
ACLY MULL Name of Person  MATO TT SPOTILS LLL Firm/Compary  2125 COUNTAL DUMD AND LOV Address  FORT MYRES FL 33007 City/State and Zip Code  MAIDH SPOHLESS (Lo be used for luture annual report notification)  For further information concerning this matter, please call:  ACLY MULL Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$255.00 Filing Fee \$ Certificate of Status  Certified Copy (additional copy & enclosed)  Certified Copy	The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.			
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Address  FOR MILES FL 33007  City/State and Zip Code  MAIDIT SPOTLESS IL CO CMAIL IM  E-mail address: (to be used for future varioual report notification)  For further information concerning this matter, please call:  ALLY MILES  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status		LACEY MIL	Name of Person			
CityState and Zip Code  MAIDLE SOFTESS II CO COMPLE COMPLETED COMP		TI OIAM	Spot USS Firm/Company	lle	<del></del>	
MAIDLE SOFTLESS (To be used for future annual report notification)  For further information concerning this matter, please call:  ALLY MILLE at 39 887-987  Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  \$\text{S25.00 Filing Fee} \Bigcup \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$\text{Certified Copy} \text{Certified Copy}		2125 Colon	IAL BUIL	1 Apt 1	00	
For further information concerning this matter, please call:    All   Miles   1987   887 - 987       Name of Person   Area Code   Daytime Telephone Number		FOR MYERS F	City/State and Zip Cod	Me		
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MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  MAILING ADDRESS: Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301	Registrat Division P.O. Box	ation Section n of Corporations ox 6327	STR <b>E</b> I Registr Divisio Clifton 2661	ation Section on of Corporation Building xecutive Center	ıs	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) builty Company)
The Articles of Organization for this Limited Liability Company w	ene filed on Ottober 16, 2017 and assigned
Florida document number <u>L17000 3333990</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company: the designation LLC or the antireviation 11
Enter new principal offices address, if applicable:	THE PER SE
(Principal office address MUST BE A STREET ADDRESS)	- SST
	PREF
Enter new mailing address, if applicable:	<b></b>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:  Name of New Registered Agent:	ce address on our records, <u>enter the name of the new</u>
Name of New Registered rigent.	
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
l hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is
If Changi	ng Registered Agent, <u>Signature of New Registered Agent</u>

Page 1 of 3

If amending or removed	Authorized Person(s) authorized to n from our records:	anage, enter the title, name, and address of each person	being added
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address Type	of Action
MCR	LACLY Miller	2795 COLONIAL BLUD APT 106 DEA	.dd
		Fort myers IEL, 33907 OR	emove
			Change
Juist .	Stefan Jones	2725 Idonine Bun Apt lole of	.dd
		FORT MYERS FL 33907 OR	emove
			Thange
AMBL	Lacey miller	2725 COUNTAL BLUD ADT 10600	.dd
		Fort myers FL , 33907 OR	emove
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D. If amending any other information, enter change(s) here: (1)	tach additional sheets, if necessary.)
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	T SSI
	PM 7: 54
	RIOA RIOA
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date  Note: If the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records.	(optional) difiling or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) autrory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an (b) The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of:
Dated Flankry 1 2018	
Signature of a member or authorized i	epresentative of a member
Acey millen	
Typed or printed nam	c of signee

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