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COVER LETTER

TO: Registration Division of C	i Section Corporations		
SUBJECT:	207-95 110	ited Liability Company	
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
		Name of Person	
	————	eritage Developme Firm/Company	Sider Group.com ordification) -7153 time Telephone Number S60.00 Filing Fee. Certificate of Status &
	(PO Box 60369 Address	
	E-mail address: R	City/State and Zip Code One State and Zip Code Matter Craft Bill to the used for future annual report noti	der Group.com
For further informatio	n concerning this matter, please ca	alt:	
Nan	s Shee	at (<u>404</u>) <u>838 - </u> Area Code Daytimo	7 153 e Telephone Number
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & 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

	P. J. Com
18 DEC	
William .	" < 1g
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(Name of the Limited Liability (A Florida Lia	Company as it now appears on our recormited Liability Company)	des Control Co
The Articles of Organization for this Limited Liability Con Florida document number	npany were filed on _ 1 10 260	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	- 95 U.C. d Liability Company," the designation "Li	I.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our reco ess here:	ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	kdress
		. Florida
	City	zarena

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 = Mar AMBR = Aut	nager horized Member		Type of Action
<u>Title</u>	Name	Address	<u>- : </u>
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		cup PO Box 600369 St Jans, Fl 32260	Remove
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an effective date ote: If the dat	is listed, the date e inserted in th	e must be specifi iis block does	ic and cann not meet t	ot be prior to he applicat	date of filing le statutory	or more than filing requi	90 days after rements, this	iling.) Pursuant date will not b	to 605,0207 be listed as
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Dated			\sim	/ X					
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Filing Fee: \$25.00