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n RRUCE SEP 22 2018

COVER LETTER

Name of Limited Liability Company

TO:

Registration Section
Division of Corporations

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

P.O. Box 6327

The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Ana Q. Speck Name of Person		
MGP. Firm/Company		
14020 SW 144PRWY		
City/State and Zip Code	_	
E-mail address: (to be used for future annual report notification)	2018 SEP 21	مداناءم
For further information concerning this matter, please call:	244.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.	
Area Code Daytime Telephone Number	21 48 8: 24	
Enclosed is a check for the following amount:	F -	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\ \text{Solo Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \text	itatus &	

STREET/COURIER ADDRESS:

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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.

New Registered Agent's Signature, if changing Registered Agent:

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 = Manager

AMBR = Authorized Member Title Name Address Type of Action 14020 SW144 PRuy OKee GL 34974
Norman Bruce Speck Bremove Pces_ Ara Q. Speck ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change \square Add Remove ☐ Change □ Add ☐ Remove □ Change

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(If an effe Note:	the date, if other than the date of filing: August, 18,2018 (option of the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, thin it's effective date on the Department of State's records.	r filing.) Pursuant t	
	ord specifies a delayed effective date, but not an effective time, at 12:01 and 90th day after the record is filed.	a.m. on the ϵ	earlier of:
Dated _	September 18. 1018.		_
	Signature of a member or authorized representative of a member		
	Ana Quids Speck. Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00