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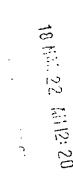
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MAR 22 2018

COVER LETTER

SUBJECT: AND	21A 8 FLAG	5 LCC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MILES	Name of Person	<u>.</u>
	AMELIA	8 FLAGS LCC Firm/Company	
		Firm/Company	
	227 S.F	LETCHEL AVO	,— ,
		Address	<u>. </u>
	FER NUDI.	NABERCH FL City/State and Zip Code (ME Q V & G-1441) to be used for future annual report notified	32034
		City/State and Zip Code	- 44
	MILLER T	INEQVE GIUNT	c. con
The Call of Call			neamon)
	oncerning this matter, please ca		
MILEGR	Miller	at (GO4) 415 Area Code Daytimo	3966
Name o	f Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for the	ha fallawing amount:		
	•		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

AMELIA & FLAGS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/20/17Florida document number 6 17000 238789 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TESSICA LAUREN ARTHUR MILLER LLC
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			□ Change
			☐ Add
			☐ Remove
			Change
			Add
			☐ Remove
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ective date, if other than the date of filing:	(optional)
neffective date is listed, the date must be specific and cannot be prior to date of filing or more that terms of the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	an 90 days after filing.) Pursuant to 605.0
record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	
led <u>March 16</u> 2018.	
March 16 2018 Wille Signature of a member or authorized representative of a member of a	nember

Page 3 of 3

Filing Fee: \$25.00