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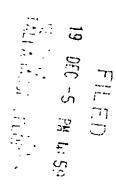
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JAN 1 0 2020 S. YOUNG

COVER LETTER

	Registration Sect Division of Corp		i ³	
SUBJEC	CT:E1	nte, Squee Name of Limit	NCSTMONTS ed Liability Company	
		mendment and fee(s) are subm		
Please re	turn all correspon	dence concerning this matter to	o the following:	
		Tahana	Encure Name of Person	
		Luxte	Firm/Company	
		17 5 (1c.4	Address	
		(ave tixty	City/State and Zip Code	<u> </u>
		+ Cth (WC & the. E-mail address: (t	o be used for future annual report notifi	cation)
For furth	ner information co	ncerning this matter, please ca	II:	
	Cencural Name of	E trévivé Person	at (500) 501 16 Area Code Daytime	C12 Telephone Number
Enclose	d is a check for the	e following amount:		
⊡ \$25	.00 Filing Fee	S30.00 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)
		NC ADDRESS.	STREET/COURI	FR ADDRESS:

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	do E
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar	<u>.</u> .
Florida document number L170002417410	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lia	bility 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)	170 RMDH & NAVE WOVEN, PL 33461
Enter new mailing address, if applicable:	Po. 80v 233457
(Mailing address MAY BE A POST OFFICE BOX)	LISMA PRIM BEACH FL 33422
registered agent and/or the new registered office address he Name of New Registered Agent:	office address on our records, enter the name of the newere: Tationa Enchole For Florida street address
Lave	City , Florida 33461 Zip Code

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 airending 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>	Name	Address	Type of Action
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		PUZ- 54 LUCIE, PL 34963	Remove
			Change
Maramesz	Janathan Juachim	1973 SUN PRINCE PL	🗆 Add
		AND STUDIE, PC 34953	Remove
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in Gil, HARR	Tabana Etane	17 Scretrat St Mp1 4	(EFAdd
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	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
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	Signature of a member or authorized representative of a member
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