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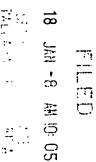
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COVER LETTER

` TO: ' Registration Sec Division of Corp			
SUBJECT:	Name of Limit	A A A A A A A A A A A A A A A A A A A	MACLC
. The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Althea	Name of Person	
	AMUA 8	Firm/Company	·
	10 Box	Address Address	<u></u>
	Port La Palmercut E-mail address: (1	City/State and Zip Code Lea @ Motwail o be used for future annual report notifi	
For further information co	oncerning this matter, please ca		
Althea	Reduce	at (305) 290	Q88Q Telephone Number
Name o	rerson	Area Code Dayline	, coaprovide A consider
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee	\$30.00 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)

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

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabile Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	PO Box 2017 Fort Landerdal	15 <u>1</u> e, 12 33307
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the new
Name of New Registered Agent:		JAN E
New Registered Office Address:	Enter Florida street address	
	, Florida	~
	City	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 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>Address</u> **Type of Action** Title Name Xewler Palmer 271 NG 3848, 40205 DANGE Oakland Park Pl 33334 - Remove ☐ Change 271 NE 384184, #C205 PXAdd AMBR Bebelittle Oakland Park PL 3334 Remove _□ Change ☐ Add ☐ Remove _□ Change ☐ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change ☐ Add

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_		Signature	of a mem	ber or autho	rized represe	ntative of a r	nember			

Page 3 of 3

Filing Fee: \$25.00