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Special Instructions to	Filing Officer:	
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COVER LETTER

	ration Sect on of Corpo			
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he enclosed A	rticles of A	mendment and fee(s) are sub	mitted for filing.	
lease return all	l correspon	dence concerning this matter	to the following:	
		Mario 4	ngel Barret	6
		_B& L	Firm/Company	<u> </u>
		10200 t	US High W	Jay 92
		Tampa	City/State and Zip Code City/State and Zip Code to be used for future annual report notifications.	
		F-mail address: (to be used for future annual report notifi	ication)
or further info		ncerning this matter, please c		
Man	Name of	race Barrey Person	$\frac{6}{\text{Area Code}}$ at $\frac{305}{\text{Daytime}}$: Telephone Number
Enclosed is a c	heck for the	e following amount:		
\$25.00 Fili	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 💋 Florida document number <u>L 1700024043</u>4 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The 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: Princip<u>al office address MUST BE A STREET ADDRESS)</u> Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) يب ... 3. If amending the registered agent and/or registered office address on our records, <u>enter the name of the gew registered</u> igent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

City

Enter Florida street address

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>		<u>Address</u>		Type of Action
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