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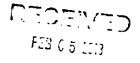
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: AA		ed Liability Company	
The enclosed Articles of Ame	ndment and fee(s) are subm	nitted for filing.	
Please return all corresponder	ce concerning this matter to	o the following:	
-	WINSTON	WAITEKS Name of Person	
-		Firm/Company	
-	•	Rlington P	NE
-	K158,1	City/State and Zip Code	34741
_	E-mail address: (to	be used for future annual report notific	eation)
For further information conce	rning this matter, please cal	11:	
Winston Name of Per	WAITERS	at (4.87) 6/6 - Area Code Daytime	8.50 9 Telephone Number
Enclosed is a check for the fo	Howing amount:		
\$25.00 Filing Fee	1\$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)
Registration Division of P.O. Box 6.	Corporations	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite)	d Liability Company as it now appears on our records. A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia Florida document number	ability Company were filed on 1182018 and assigned about 5779
A. If amending name, enter the new name of	the minted habinty company nere.
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET	m fm
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	POP STATE E.F. LORION 25
B. If amending the registered agent and/or the new registered off	or registered office address on our records, enter the name of the new fice address here:
Name of New Registered Agent:	ChrisTopHER J. LUHRS
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 = Man AMBR = Aut	iager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ChristopHen J. Lu	HRS 16830 TuscANDO	916 Add
		GROVELAND F1.34	Type of Action R
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			🗆 Add
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fective date, if other than the date of filing:	ig.) Pursuant to 605.03	207 (3)(as the
record specifies a delayed effective date, but not an effective time, at 12:01 a.m The 90th day after the record is filed.	. on the earlier	of:
$\frac{1/31}{2018}$		
Signature of a member or authorized representative of a member		
ChrisTopHER J. L WHRS Typed or printed name of signce		

Page 3 of 3

Filing Fee: \$25.00