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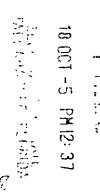
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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	Las Vi Name of Lim	CGAS MT76 ited Liability Company	Service 1 Lle
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Juis	Name of Person	
		Firm/Company	
	2707]	Lateshore P	Slul
	St. C	City/State and Zip Code	DC 9
	E-mail address: (to be used for future annual report notif	ication)
For further information e	concerning this matter, please ca	ıll:	
Jus	JOYeV X.	at (<u>407_)</u> <u>994</u> - Area Code Daytime	: Telephone Number
Enclosed is a check for the	he 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

Las Vegas MT-	16 Service	1,44	<u> </u>	
(Name of the Limited Liability Con	npany <u>as it now appears on</u> ed Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Compa Florida document number 19-19-550.	any were filed on	18/18	and a	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	iability company here:			
The new name must be distinguishable and contain the words "Limited Li	iability Company," the design	nation "LLC" or the	_	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		<u>:: </u>	
			<u>ਂ</u> ਹੀ	la stance
Enter new mailing address, if applicable:			DX	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	11-7. Cal 21-7-7	<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		r records, <u>ente</u>	r the name	c of the new
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida s	treet address		
		, Florida		
	City		Zip Cod	υ,

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
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ian et <u>Vote:</u>	ive date, if other than the date of filing: (option of the prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, this pent's effective date on the Department of State's records.	filing.) Purs	uant to 60 10t be li:	05.0201 sted as
	cord specifies a delayed effective date, but not an effective time, at 12:01 a 90th day after the record is filed.	.m. on t	he ear	lier o
Dated	10. 2			

Page 3 of 3

Filing Fee: \$25.00