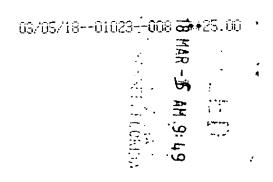


(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	







"AR 0 8 2018

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	taced Name of Limi	ited Liability Company	
		,	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bıqı	Name of Person	
	_	Firm/Company	<u> </u>
	19200 NE 2nd Ar	Address	
	Uua	n_FLB3CTCl City/State and Zip Code	
	E-mail address: (comput.com to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
Bigna Name o	of Person	at (3:5) ————————————————————————————————————	पुरुष् : Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fiting 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	y Company as it now appears on our records.) Limited Liability Company)	
(A Florida	Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 02/16/2018 and as	signed
Florida document number <u>L1800003307.3</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "L	L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	<u>_</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	$\cdot q = 1$	
	tered office address on our records, enter the name	of the nev
registered agent and/or the new registered office addr		<u> </u>
		And the
Name of New Registered Agent:		
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 =	ŧ	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
			Remove
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Effective date,	, if other than	the date of	filing:				(option	al);	9	<u> </u>
If an effective date Note: If the date document's effe	te inserted in th	nis block does	not meet the	e applicable	statutory fil	ng requiren	nents, this d	ate will r	id i b e li	sted as
ne record spe The 90th d	ecifies a dela ay after the	ayed effect record is f	ive date, t iled.	out not ar	effective	time, at	12:01 a.r	m. on t	he ear	lier of
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Dated <u>F</u> E	,	10		/2						

Page 3 of 3

Filing Fee: \$25.00