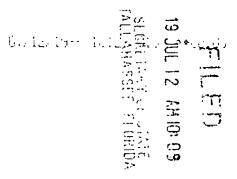
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COVER LETTER --

TO: Registration Sec Division of Corp			
SUBJECT: 619	A Customs L		_ _
\mathcal{O}	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Ariel R	Name of Person	
	Big A Cus	toms, LLC Firm/Company	
	1349 Dan	Jeliun Drive	
	Deltona f	L 32725 City/State and Zip Code	
	Big A Custom E-mail address: (1)	SUC@gnail- Cor o be used for future annual report notifies	ation)
For further information co	ncerning this matter, please ca	11:	
Diana Roc Name of	riguez Person	at (386) 507- Area Code Daytime T	lQZ Telephone Number
Enclosed is a check for the	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 Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1800 33257	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N A
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	NIA
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	
Name of New Registered Agent:	N/M
New Registered Office Address:	Enter Florida street address
	City Florida Zip Ode
New Registered Agent's Signature, if changing Registered Agent:	0.00

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>	Name O	Address	Type of Action
MGR	<u>Desiree Rodnguez</u>	1349 Dandelion Drive	Add 🎉
		Deltora, fl 32725	□ Remove
	_	· · · · · · · · · · · · · · · · · · ·	Change
MBR	Diana Rodriguez	1349 Dandeliun Drive De Hona. FL 32725	\ Add
	O .	DeHona. FL 32725	Remove
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effective date is listed, the date: If the date inserted in the	te must be specific a	and cannot be prior	to date of filing or	more than 90 days a	ifter filing.) Pursua	int to 605.0
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Filing Fee: \$25.00