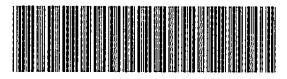
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: JT Fercing & J	Remaling, UC
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter	to the following:
Jessie - St. Fe	Name of Person  Name of Person  No. S. Pornodo (100 1/6)
O\FC	Piece Company
12301 151	- Street Address
Fantac	City/State and Zip Code
Ottencir	c 12301 @ Gmach (cm)
For further information concerning this matter, please ca	
Jessie Taylor Name of Person	at (850) 2(a)-8863 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
SS25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & · □ \$60.00 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 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

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)	
he Articles of Organization for this Limited Liability Company were filed on 02/20/2018 document number \( \begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	·
Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	
. If amending the registered agent and/or registered office address on our records, <u>enter the n</u>	ama of the new register
ent and/or the new registered office address here:	17)
Name of New Registered Agent:	<del></del>
New Registered Office Address:	
Enter Florida street address	υ 
, Florida	
City	Zip Code
w Registered Agent's Signature, if changing Registered Agent:	
ereby accept the appointment as registered agent and agree to act in this capacity. I further visions of all statutes relative to the proper and complete performance of my duties, and I a cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. ong filed to merely reflect a change in the registered office address. I hereby confirm that the	m familiar with and Or, if this document is

npany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

... mucusing 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> Fitte</u>	<u>Name</u>	Address	Type of Action
MBR	Garnsh, Jason B	3095 Zion8+	□Add
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mble.	Stanley John D	12301 Frot Street	□Add
		LOTZ	XRemove
		Funtain P1 32428	□Change
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n effect ote: If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.03 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
cumen	t's effective date on the Department of State's records.
ecord : is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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	VKISS, GN/C
	Signature of a member or authorized representative of a member