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COVER LETTER

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SUBJEC	r: <u>The</u>	FI-ETCHEV (2700P (210K) ted Liability Company	oal LL	
The enclos	sed Articles of.	Amendment and fee(s) are subn	nitted for filing.		
Please rett	ırn all correspo	ndence concerning this matter t	o the following:		
		Andr	Pew Fletcher Name of Person		
		The Fleta	Mer Onup 610 Firm/Company	shal LL	<u></u>
		231 Spring 1	Creek Way		
		St. Augustin	NETEL 32C City/State and Zip Code	95	
		Fletch@The E-mail address: (t	FICTCY POVOUP - Co	SM report notificati	on)
For furthe	r information c	oncerning this matter, please ca	dl:		
<u> </u>	Rlanie Name o	MWNEY	at (<u>904</u>)	057 Daytime Tel	ephone Number
Enclosed :	s a check for the	ne following amount:			
\$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc		☐ \$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

ARTICLES OF ORGANIZATION
$\mathbf{OF} \qquad \qquad 18 $
The Fletcher Orong blood LLC 1975 PH 3: 43 (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 2/27/2016 and assigned and assigned
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)
Trincipal office address: 11051 Dig. (1513/222) 1122-1122-1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
Florida

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
MGR	Andrew Fletcher	231 Spring Creek Way St. August	<u>ingFL</u> ■ Add 2095
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fective date, if other than the date of filing:	(optional)
on effective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records.	ate of filing or more than 90 days after filing.) Pursuant to 605.020
record specifies a delayed effective date, but not an	n effective time, at 12:01 a.m. on the earlier o
The 90th day after the record is filed.	
nted 4/12/18	
11.Ja)	
Signature of a member or authorized	

Page 3 of 3

Filing Fee: \$25.00