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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations Tax Number : (850)610-	-6383		
fram:	Account Name : TAXLEAF.8 Account Number : 12014000 Phone : (205)541 Pax Number : (888)772	0094 -3980		:) :: ::
*Enter the e	mail address for this busine report mailings. Enter only	ess entity to one email a	o be use doress p	d for furt leaso.**
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116	AMND/RESTATE/CORRE			SIGN
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1.1.2	Certificate of Status Certified Copy		0	
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lin	nited Liability Company as it now appe (A Florida I imited Liability Company)	ers on our records.)				
The Articles of Organization for this Limited Florida document number 1.18000053934	3/02/2018 and assigned					
This amendment is submitted to amend the fo	llowing:					
A. If amending name, enter the new name	of the limited liability company l	nere:				
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "L.I.C" or the abbreviation "L.I.,C."				
Enter new principal offices address, if appl	icable:					
(Principal office address MUST BE A STRE	SET ADDRESS)					
	·····					
		7 -8 ∃≥				
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)		=				
		· N				
B. If amending the registered agent an registered agent and/or the new registered		n our records, enter the name of the nev				
Name of New Registered Agent:	ACCOUNTANT & MANAGES	MENT, INC.				
New Registered Office Address:	1549 NE 123RD ST.					
1.5	Enter Florida street address					
	NORTH MIAMI	, Florida ³³¹⁶¹				
	DOMESTIC PRINTERS	, rigiriua				

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

Page 1 of 3

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR =	Manager Zuthorized Member		:
<u>Title</u>	Name	Address	Type of Action
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Effective date, if other than the (If an effective date is listed, the date mis Note: If the date inserted in this bl document's effective date on the D	ock does not meet the applic	cable statutory filing	optic e than 90 days after requirements, this	mal) filing.) Puss date will n	Lint to 605 of he list	5.0207 (ed as t
the record specifies a delayed) The 90th day after the rec		ot an effective tir	ne, at 12:01 a	i.m. on th	ne earli	er of:
Dated APRIL, 25TH	2019					
		** *				
	Signature of a inember or auf	in the state of th	fa namka	<u> </u>		
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