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## **COVER LETTER**

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SUBJECT:	:	Tusde SKullz	ited Liability Company	
		wane of Lin	ace mainty Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		Ukn	Hudson Name of Person	
		<del></del>	Fine/Company	
		14094 Semir	nole Blud	
		Brooksvill	Address  C. F. 3440   City/State and Zip Code  Cumal Com to by used for future annual report notif	
		Lah 0818 6 FAmail address: (	Chysicia and Lip Code  On all Lom  to by used for future and al report notif	· · · · · · · · · · · · · · · · · · ·
For further	information c	oncerning this matter, please of		
<u> </u>	kn Hu	Bon	at ( <u>121</u> ) <u>135 · 11</u> Area Code Dayijin.	9 79 Telephone Number
	.vame o	i i Cison	, u.v. code Duyqua	- All phone I want
En <b>f</b> -losed is	a check for t	he 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)
	Registi Divisio P.O. B	ING ADDRESS:  Partion Section on of Corporations ox 6327 ussee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2601 Executive Con Tallahassee, Ft. 32	o orions nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny avit now appears on our records.)  Lability (Company)
The Articles of Organization for this Limited Liability Company	were filed on March 7, 2018 and assigned
Florida document number <u>L 180000 le 0279</u> .	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liability".	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>_</u>
Principal office address MUST BE A STREET ADDRESS)	
	Stered office address on our records, enter the name of the new tress here:    Enter Florida street address   Florida   Zip Code   Z
	7 COR. CO.
Enter new mailing address, if applicable:	<del></del>
Mailing address MAY BE A POST OFFICE BOX)	
r	<u>·</u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address
	, Florida
	Cuy Zip Code

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 .	Address	Type of Action
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ffective date, if oth an effective date is liste	her than the date of filing: ed, the date must be specific and ca	nnot be prior to date of	filing or more than 90 days a	<b>otional)</b> fler filing.) Pursuant to 605.0.
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	s a delayed effective dat fter the record is filed.	e, but not an eff	ective time, at 12:0	1 a.m. on the earlier
_			·	•
ated Sept 4	<del></del> /	2018		
•	ND/H	/		
	Signature of a mer	niber or authorized repr	esentative of a member	
	allen Hudson		1	

Page 3 of 3

Filing Fee: \$25.00