L1800064994

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COVER LETTER

TÖ: Registration So Division of Co			
SUBJECT:	Name of Lim	tice (-xxxx) Li	<u> </u>
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	- Youhour S	Name of Person	
		Firm/Company	,
	1105 Aug	Address	.
	_ Fax ?.	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Name ô	t Person	at (<u>7 %) 33 %</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	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)

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

(A Florida	Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on $3 - 13 - 13$ and assigned
Florida document number <u>L1806000-1994</u>	<u>L</u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here: . C
_	ted 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 ADDR.	<u>ESS)</u>
Enter new mailing address, if applicable:	NOT Ave m
(Mailing address MAY BE A POST OFFICE BOX)	Fran Piesce FL 34950
registered agent and/or the new registered office addr	tered office address on our records, <u>enter the name of the new</u> <u>ess here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code (35) Co
New Registered Agent's Signature, if changing Registered	
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and tent as provided for in Chapter 605, F.S. Or, if this document of doffice address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member									
Title	<u>Name</u>	Address	Type of Action						
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The 90t	h day after	the record	is filed.								
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