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COVER LETTER

ro:	Registration Sect Division of Corpo				
SUBJE	ст: С	H Wright 4	CO moon ed Liability/Company	TETIC &	
The enc	losed Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please r	eturn all correspon	dence concerning this matter to	o the following:		
		Russ	Name of Person		
		BH wrigh	Firm Company		
		610 FORTALA	Address		
		maxico Beach offo 1 8	City/State and Zip Code 5 100 1 M o be used for future annual	; <u>com</u>	 -
For tur	her information co	ncerning this matter, please ca		ii report notification;	
	Aubsell L Name of	Person P	at (<u>450</u>) _ Area Code	62-4-61 Daytime Telepho	hone Number
Enclose	ed is a check for the	e following amount:			
⊠ \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is e		\$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

04.11

	CM TO MINE A COMPANY AS IT LOW AT (A Florida Limited Liability Compa	obcars on our records.)							
he Articles of Organization for this Limited Liability Company were filed on <u>3-22-2014</u> and assigned lorida document number <u>L 190000 7 3 9 5 L</u> .									
This amendment is submitted to amend the foll	owing:								
A. If amending name, enter the new name o	f the limited liability compan	<u>ıy here</u> :							
The new name must be distinguishable and contain the v	vords "Limited Liability Company,"	the designation "L.I.C" or the abb	reviation L.1	C."					
Enter new principal offices address, if applic	able:	<u> </u>	200	יוב וישין					
(Principal office address MUST BE A STREE	T ADDRESS)		<u> </u>	N/LAND					
		7. SSE	Y AM	-					
Enter new mailing address, if applicable:		ָרָין קריין	31VIS 81 :6 1						
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>								
B. If amending the registered agent and/or agent and/or the new registered office addre	•	our records, <u>enter the name</u>	of the new	registere					
Name of New Registered Agent:	Katrina	Wright							
New Registered Office Address:	Katrina 610 Fortnea Ente	A Ve er Florida street address							
	Mexico Ble	2ch Florida	3245 Zip Code	6					
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 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
Mar	Janice Brownell	610 Fortner Ara	
•		Mexico Black, F1 32456	Kemove
			Change
War	Russell Wright	610 Fortner Ave	XAdd
	•	Mexico Beach, F1 32456	, □Remove
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