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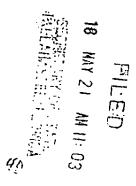
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Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI	ect: Andre	W SchuHz L Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		_ Andrew S	Behult2 Name of Person	
			Firm/Company	
		FURTHER 5 6	45 Pacific Blua	1. Unit 2809, \$304 14 14
		BALL RAK	City/State and Zip Code (H2(2)3)Mi/l. Com to be used for future annual report notific	
		ande schu E-mail address: (the used for Juliure annual report notific	ration)
For fur	ther information co	oncerning this matter, please ca		
_ <i>H</i>	ndruw S Name of	Schultz Person	at (312) 961 Area Code Daytime	- 5189 Telephone Number
Enclos	ed is a check for th	ne following amount:		
S \$2:	5.00 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 2061 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Co</u> (A Florida Lim	inpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on and assigned
Florida document number	
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 I	.iability Company," the designation "LLC" or the abbreviation "LLFC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, <u>enter the name of the new</u> 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 Schultz		🗆 Add
			□ Remove
		5645 Pacific Blvd, Unit 2809, Boca Paton, FL 33433	⊟ Change
		_	□ Add
			□ Remove
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			□ Add
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00