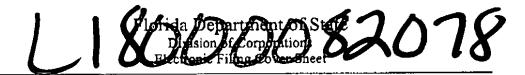
Division of Corporations



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.

(((H180002381313)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

ACCOUNT Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOURNO & BOZARTH, P.A.

Account Number : 076077001702 Phone : (407)841-1200 Fax Number : (407)423-1831

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one small address please.\*\*

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Help

## (((H180002381313))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited L. (A. F.	Liability Company as it new appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number <u>L18000082078</u>	ility Company were filed on April 3, 2018 and assign
	<del>.</del>
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and contain the words	is "Limited Liability Company," the designation "LLC" or the abbre fallon "L.L.C
Enter new principal offices address, if applicable	le:
(Principal office address MUST BE A STREET A	ADDRESSI GO
Enter new mailing address, if applicable:	6
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>
registered agent and/or the new registered office	registered office address on our records, <u>enter the name of</u> e address here:
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, enter the name of e address here:
registered agent and/or the new registered office	registered office address on our records, enter the name of e address here:  Enter Florida street address
registered agent and/or the new registered office  Name of New Registered Agent:	e address here:

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

(((H180002381313)))
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	Fanny Fleguais	315 Sweet Bay Avenue	<b></b> Add
		New Sinyma Beach, FL 32168	□ Remove
MGR	Yannick Coquard	315 Sweet Bay Avenue	Change
		New Smyrna Beach, FL 32168	≅ Add
			Remove
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