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COVER LETTER

	istration Section sion of Corpor				
cubicer.	3 <i>6</i> T	LLC			
SUBJECT	 _	Name of Limi	ted Liability Company		
The enclosed	Articles of Am	endment and fee(s) are subr	nitted for filing.		
Please return	all corresponde	ence concerning this matter t	to the following:		
		Landy Da	Name of Person	·	
			/ Name of Person		
		36T LL	Firm/Company		
		3750 Pan Amer	ican Blud, Hon	the Port,	16-34
		North Port	City/State and Zip Code	7 	
	_	North Port Threeguystrus E-mail address: (1	King O gmail.	com	
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4		erning this matter, please ca			
Kan	dy Daly	rson	at (<u>609</u>) 3	10 - 9492 Darting Talanhan	a Marshar
	Name of Fe	rison	Area Code	Dayume rerephon	e (valuoci
Enclosed is a	check for the f	ollowing amount:			
坚 \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed)	660.00 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

TO ARTICLES OF ORGANIZATION OF

	 -	··· ··································		-
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears or nited Liability Company)	<u>1 our records.</u>)		
The Articles of Organization for this Limited Liability Com	pany were filed on	13/18	and a	nssigned
Florida document number <u>L/\$000084786</u> .				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited</u>	liability company here:			
The new name must be distinguishable and contain the words "Limited	Liability Company," the desig	nation "LLC" or the ab	previation '	L.L.C.
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRES	<u>S)</u>			2
			<u>8</u>	<u></u>
			LD	至黑
Enter som malling address if applicables			27	- 当計 - つぎ ⁻
Enter new mailing address, if applicable:			2	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		- 5	-5 -
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		<u>-</u>	~	3-
		ur records, <u>enter</u>	the nam	e of th
		ur records, <u>enter</u>	the nam	e of th
egistered agent and/or the new registered office address	s here:		the nam	e of th
Name of New Registered Agent:			the nam	e of th
registered agent and/or the new registered office address Name of New Registered Agent:	s here:		the nam	

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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an effective date ote: If the dat	if other than the d is listed, the date must be inserted in this bloc ctive date on the Dep	be specific and canno ck does not meet th	e applicable st	of filing or more		fter filing.) Pur		
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