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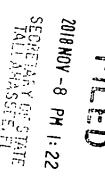
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COVER LETTER

TO: Registration Se Division of Cor		, be	
, subject:	SION CONTRACTION Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DAVID MARI	Name of Person	<u> </u>
	DAVID MAN	ACTING LLC Firm/Company	
	3714 SHERERTZ	RO Address	····
	LAKERAND, FR.	33810 City/State and Zip Code	
	d. martias 33 Q V	338/0 City/State and Zip Code (hoo · Co m) o be used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca	ıll:	
DAVI MANT Name of	Person	at (863) 450 - 9 Area Code Daytime	7/50 Telephone Number
Enclosed is a check for th	e 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

FILED

F 2018 NOV -8 PM 1:23

, , , , , ,		nenne VARY	NE STATE
(Name of the Limited	TARCTING LLC	SEUKE MAN	SSFE, FL
(A	TARCTING LLC Liability Company as it now appear Florida Limited Liability Company)		
The Articles of Organization for this Limited Liab			
Florida document number <u>L 1800009423</u>	8		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	e limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the d	esignation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable:		 	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	·· ····	
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter	the name of the nev
registered agent and/or the new registered orne	e address here.		
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:	Enter Flor	ida street address	
	Exiter Flor		
	City	, Florida	Zip Code
	- •		•

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 = M AMBR = A	lanager authorized Member		
Title	<u>Name</u>	Address	Type of Action
AMBR.	DAVID MARTINS JR	3714 SHERERTZ RO	🗆 Add
		LAKELANO, FL. 33810	☐ Remove
			Change
AP	GLIZABETH MARTINS	37/4 SHERERTZ RD	Add
		LAKELAND, FL. 33810	Remove
			Change
AHBR	KENNETH SENECHAL	3853 Sleepy Hill	₽ Add
		oaks Loop	🖸 Remove
		Lateland Fl 33810	Change
			O Add
			□ Remove
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ecti	ve date, if other than the date of filing: (optional)
effe	ve date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
he	90th day after the record is filed.
led _	
	Ital Whatish
	Signature of a member or authorized representative of a member
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Page 3 of 3

Filing Fee: \$25.00