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COVER LETTER

TO: Registration Section Division of Corporati	ions		
SUBJECT: N	obles Fram Name of Limit	ing LLC ded Liability Company	
The enclosed Articles of America	dment and fee(s) are subn	nitted for filing.	
Please return all correspondence	e concerning this matter to	o the following:	
_	Arthur	E. Nobles Name of Person	
	Mobles F	ranging LLC	
7.	7963 NW 901	th (+. LO+#	18
_	Fanning S	Prings F1 3269 City/State and Zip Code	3
<u>C.</u> ,	rystallovesm E-mail address: (to	be used for future annual report notificat	ion)
For further information concern	ing this matter, please cal	11:	
Name of Person	<u>sbl4S</u>	at (850) 843-16 Area Code Daytime Te	1599 Dephone Number
Enclosed is a check for the follo	=		
S \$25.00 Filing Fee □ \$	330.00 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 OF

(Name of the Limited Liability Con	npany as it now appears on our records.) ed Liability Company)
(A Florida Limit	ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L1800095088</u> .	any were filed on 4-20-2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>
(Principal office address MUST BE A STREET ADDRESS)	
P	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or registered	office address on our records, enter the name of the new
registered agent and/or the new registered office address h	
	LLA COMPANY
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Madress.	Enter Florida street address
	Florida SE C
	City Code
No on the late of the tension of the state o	.

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>	Name	Address	Type of Action
<u>MGR</u> .	Crystal M. Mobles	17963 NW 904. LOF#18	🖸 Add
		Fanning Springs, F1 32695	
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			Change

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fan effective	late, if other the date is listed, the le date inserted in	date must be spec	rific and cannot be	e prior to date of fi	ling or more tha		ling.) Pursuant	
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Filing Fee: \$25.00