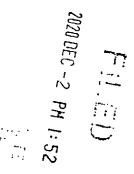
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COVER LETTER

Divisio	n of Corpo	orations				
SURIFCT:	15	CONSULTING	at	SERVICE	3	
<u></u>		Name of Limi	ted Liabili	ty Company		
The enclosed Ar	rticles of A	mendment and fee(s) are subr	nitted for	filing.		
Please return all	correspond	dence concerning this matter t	to the foll	owing:		
		SIANNE				
		15 lovs	V Y I Fir	NG 4 5	CRUICES	<u>; </u>
		15 CONS	<u> </u>	Address	ie. Af	127
		OVIEDO.	Lity/Sta	3276	5	
		tom. het	hegl	asseruro. for future annual rep	ort notification)	
For further info	rmation co	ncerning this matter, please ca	ıll:			
<u></u>	Name of	Hen: T	at	(407) U Area Code	5 し、423 Daytime Telephone	Number
Enclosed is a ch	neck for the	following amount:				
□ \$25.00 Filii	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	Ct	5.00 Filing Fee & crtified Copy Idinonal copy is enclose	ed) (60.00 Filing Fee, Certificate of Status & Certified Copy auditional copy is enclosed)
	ig Address stration S			<u>Street Addı</u> Registrati	ress: on Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11 Course vice of	BOULTER 11C - 1	SA OF ALTAMONIE SPAN
(Name of the Limited Liability	y Company as it now appears on or	or records.)
(A Florida)	Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on ADR	
This amendment is submitted to amend the following:	'	
This amenancia is submitted to different the following.		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designat	ion "LLC" or the abbreviaters "L.TC."
Enter new principal offices address, if applicable:		20 Di
(Principal office address MUST BE A STREET ADDRI	ESS)	C
		
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE_BOX)		. 2
(mailing maress mat be at 031 Of the boa)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida stre	vet address
		, Florida
	City	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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MRS	AMY DEVASTO	1024 SHANGRI LA LANE	□Add
		OVIEDO FL. 32765	Remove
			□Change
			□Add
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			Ghange
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Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member