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COVER LETTER

Division of Co			
SUBJECT:C	MM MANAGE Name of Lin	MENT COMPAN ited Liability Company	oy uc
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	DAGGELL	Name of Person	
	DWW W	WAGENEUT COMPany	DARAWY UC
	13268 SU	O 9TH LW Address	
	MIAMI	FL 33184 City/State and Zip Code	
	SAUOOYA E-mail address: (NA6EmENTUL q to be used for future annual report notif	6MAJL COM
For further information of	concerning this matter, please c	all:	
DAQUELL Name o	mooQ of Person	at (<u>766</u>) <u>398</u> . Area Code Daytime	-1372 : Telephone Number
Enclosed is a check for t	he 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)

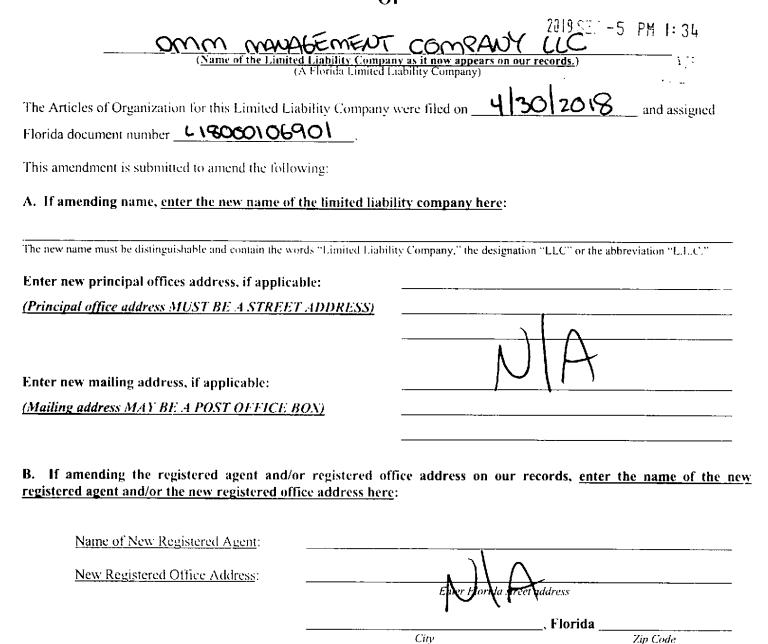
MAILING ADDRESS:

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 OF



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>WPF</u>	ZEOUT WOOL	3158 NW 88TH AUE	K Add
		SUNPISE FL 33351	Remove
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If an eff Note:	ve date, if other than the date of filing: 4\30\20\8 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at ent's effective date on the Department of State's records.
ne rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	SEPTEMBERL 3RD 2019
Dated _.	SERTEMBER 3RD 2019 Dimensional Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00