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COVER LETTER

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The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Patrich	Her Herard	
		Name of Person	
	Name of Limited Liability Company ed Articles of Amendment and feets) are submitted for filing. rn all correspondence concerning this matter to the following:		
	13286 New	5h (T	Hers J Person Tipany Zip Code Will Bern Zip Code Daytime Telephone Number Son Doy Certificate of Status & Certified Copy Leopy is enclosed: Code Certified Copy
		Address	
	Okalaha	fee(s) are submitted for filing. Ing this matter to the following: Patrick Herg J Name of Person Firm/Company Male 5/2 J Address Address Address J City/State and Zip Code Code J J J Inail address: to be used for thure annual report notification) The code J J J Area Code Daytime Telephone Number Daytime Telephone Number Sound J Daytime Telephone Number Daytime Telephone Status Certificate of Status Certificate	
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For further information c	oncerning this matter, please of	olt.	
Patrick Her		at (786+) 246-	2986
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	he following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Talluhassee, FL 32314 STREET/COURIER ADDRESS:
Registration Section

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

\wedge	C	<i>/</i> Γ			
10SPECTIVE +	TACACIC I	Jevice Inv as it now appears on our Liability Company)	Crup L	<u>c</u>	
The Articles of Organization for this Limited L Florida document number <i>L_/800010</i>	iability Company		/		i
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	oility company here:			
The new name must be distinguishable and contain the v Enter new principal offices address, if applic (Principal office address MUST BE A STREE	rable:	13286 NW Photohom A			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	13286 NW Plankatan 1	5/2 CT 2 33325		<u> </u>
B. If amending the registered agent and registered agent and/or the new registered or			records, <u>enter th</u>	e name of th	<u>1е пеж</u>
Name of New Registered Agent:	Vatric	h Heard Mr 5h Ci	Worca	2018 /	
New Registered Office Address:	15286 NaNahi	MW 5/h Cl Enter Florida stree			FILL
	/ 	Ciţy		Zip Code	

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.

New Registered Agent's Signature, if changing Registered Agent:

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 .uthorized Member		
Title	Name	Address	Type of Action
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		13381 M Sh dT florhon 12 3505	☐ Remove
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Mh	Bubbic Sex	441 lahera Dore Un Wesh, FL 33326	1.1 /03 0 Add
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