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COVER LETTER

TO: Registration Sc Division of Cor			
SUBJECT: PQU	Schlande 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:	
	Paul	Schlanger Name of Person	
		Firm/Company	
	39/2 S. a	Ocean Blbd,	Apt. 911
		Address Address Address City/State and Zip Code	h F1.3348>
	regltor @ E-mail address: (City/State and Zip Code PSUSC K C to be used for future annual report notif	-, Con lication)
For further information c	oncerning this matter, please or		
Paul Sch!	nger f Person	at (<u>56)</u>) <u>289</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

Paul Schlander LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on ________________ and assigned

Florida document number <u>L 1800010</u>	29/>		, ,		
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of Paul Schlanger The new name must be distinguishable and contain the w	LLC			abpreviation L.L.C	
Enter new principal offices address, if applic	rable:			AHA JUL 2	
(Principal office address MUST BE A STREE	ET ADDRESS)			586 <u>- 1</u>	T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)				9: 0c	
B. If amending the registered agent and/ registered agent and/or the new registered of			ur records, <u>ente</u>	r the name of	the new
Name of New Registered Agent:	Paul So	: Alanger	-		
New Registered Office Address:	39/2 S. 0	Xon Blue Fine Florida	street address	//	
	Highlan	2,700,710,700	, Florida _		·

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.

f 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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action **Title Address** Name □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ERemove _□ Ebange □ Ādd بي □ Remove ☐ Change □ Add ☐ Remove ☐ Change

□ Add

☐ Remove

_□ Change

 	
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or more. If the date inserted in this block does not meet the applicable statutory filing re	
iment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time	e, at 12:01 a.m. on the earlier
ne 90th day after the record is filed.	,
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Pull Peler	_
Signature of a member or authorized representative of a	

Page 3 of 3

Filing Fee: \$25.00