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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	ECT: Fletcher AOKS LLC Name of Limited Liability Company
	Name of Limited Liability Company
The er	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	OMAR MATTAN Name of Person
	Firm/Company
	P. 0 Bo X 11 5 5
	Address
	Brandon FL 33509
	BRandon FL 33509 City/State and Zip Code Cmarma + tava Querizon. Net E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
**	Name of Person at (SB) 417-1790 Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclo	sed is a check for the following amount:
□ \$?	25.00 Filing Fee \$\times \text{Solution} \text{Solution} \text{Solution} \text{Filing Fee & Certified Copy (additional copy is enclosed)} \$\text{Solution} \text{Solution} \text{Filing Fee & Certified Copy (additional copy is enclosed)} \$\text{Solution} \text{Solution} \text{Filing Fee & Certified Copy (additional copy is enclosed)} \$\text{Solution} \text{Solution} \text{Filing Fee & Certified Copy (additional copy is enclosed)} \$\text{Solution} \text{Solution} \text{Solution} \text{Solution} \text{Filing Fee & Certified Copy (additional copy is enclosed)} \$\text{Solution} \text{Solution} Solut

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

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: No change (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 here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records: MGR = Manager AMBR = Authorized Member		Address Address Address Address		
AMBR = 7 <u>Title</u>	Name	<u>Address</u>	PH 2 17	Type of Action
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	rd specifies a delayed effective o Oth day after the record is filed.	late, but not an effec	tive time, at 12:01 a.m	on the earlier of:
Dated	5/15/2018	·		
	Signature of a	member or authorized represe	entative of a member	
	OMAR	- MA++ar Typed or printed name of si	-	

Page 3 of 3

Filing Fee: \$25.00