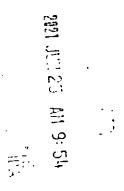
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| (Requestor's Name) |
|---|
| (Address) |
| |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| |
| Office Use Only |



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COVER LETTER

| TO: | Registration Sector Division of Corp | | | |
|--------|--------------------------------------|--|---|---|
| SUBJ | ЕСТ: | Siede Name of Limit | STRONG L | 12 |
| The er | nclosed Articles of A | mendment and fee(s) are subn | nitted for filing. | |
| Please | return all correspon | dence concerning this matter t | o the following: | |
| | | Rober | + 5, 5, ede | 2 |
| | | | | |
| | | | Firm/Company | |
| | | 1213 W | P. Redding Address | <i>5t.</i> |
| | | HOP NO | Ndo, FL 3 | 24442 |
| | | bsiede | City/State and Zip Code OM C. COV be used for future annual report notifi | (cation) |
| For fu | rther information co | ncerning this matter, please ca | II: | |
| | Robert | -J. Siede | 2 at (352) 634/- | 3982 |
| | Name of I | Person | Area Code Daytime | Telephone Number |
| Enclos | sed is a check for the | following amount: | | / |
| □ \$2 | 25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 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 Address:

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

| Siedes | strong | |
|--|---|---------------------------------------|
| (<u>Name of the Limited Liabili</u> (A Florida | ty Company as it now appears on our records. a Limited Liability Company) | |
| The Articles of Organization for this Limited Liability C Florida document number <u>L1800011 909</u> 6 | Company were filed on 5/11/15 | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | ited liability company here: | |
| The new name must be distinguishable and contain the words "Lim | nited 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 ADDI | RESS) | · · · · · · · · · · · · · · · · · · · |
| | | 2 |
| | | 23 |
| Enter new mailing address, if applicable: | | • |
| (Mailing address MAY BE A POST OFFICE BOX) | | 23 |
| (maining uniters) in the Desire of the Desire | | = 1 |
| | | 9 |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | d office address on our records, <u>enter th</u> | ne name of the new registere |
| Name of New Registered Agent: | | ···· |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flor | |
| | 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 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 = Au | thorized Member | | |
|--------------|-----------------|---|------------------|
| <u>Title</u> | Name | Address | Type of Action |
| MGR | Robert J. Siede | 1213 W. Redding St. FL 34442 | XO _ MAdd |
| | | 7777C | _ □Remove |
| | | | _ Change |
| <u>AMBR</u> | Robert J. Siede | 1213 W. Redding St | _ 🗆 Add |
| | | Hernando, FL 3442 | _ El Remove |
| | | | _ DO Change |
| AMBR | Tiffam D. Siede | 1213 W. Redding St. | _ ⊡Ādd . |
| | / | 1213 W. Redding St. Hernando, FL 34442 | Remove : |
| | | / | _ □Change · |
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| 1212 | 5 W. | Rea | (<u>CL. 11</u> | ng_ | 57. | | eR | Na | N | 0, | F-1 | |
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| If the date | inserted in | an the date ate must be spe this block do the Departm | oes not me | et the app | heablest | y 3) of filing of atutory f | r more the | OZZ an 90 day uiremen | (option is after fi ts, this c | i al) ling.) Pu late wil | irsuant i I not b | to 605 e listo |
| rd specifies led. | a delayed e | ffective date, | , but not ar | r effectiv | e time, at | 12:01 a.: | m. on th | e earlier | of: (b) | The 9 | 0th day | y after |
| | ny : | 31 Neh | T | 20, | 2/. | | Me | | | | | - |
| | | Signat | ture of a me | mber or a | thorized r | epresenta | tive of a | nember | | | | |