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| (Requestor's Name) | _ |
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| (Address) | _ |
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| (City/State/Zip/Phone #) | _ |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | _ |
| Certified Copies Certificates of Status | _ |
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COVER LETTER

| TO: Registration Sec Division of Corp SUBJECT: | operations GM, | ited Liability Company | |
|--|---|---|---|
| The enclosed Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | Snann | m R Campbell Name of Person | <u></u> |
| | SR Com | Ach Law Firm/Company | |
| | 1420 6 | ay Road | |
| | Winter Pa | 2/K FL 3278 City/State and Zip Code | <u> </u> |
| | Shanna E-mail address: (t | o be used for future annual report notifi | riev, CM |
| For further information co | ncerning this matter, please ca | 111: | |
| Steve Sta | WILLEWICZ Person | at (407) 474 Area Code Daytime | USD 5 |
| Enclosed is a check for the | e following amount: | | |
| S25.00 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

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 Florida document number L/80001 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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:

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.

T 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: Same Address Type of Sanna Rampal 586 arens Mivro Civilianda MGR = Manager AMBR = Authorized Member **Type of Action** Title Name Casselberry FL 32707 ☐ Change □ Add □ Remove □ Change 5 □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

_□ Change

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| ffective date, if other | than the date of fili | ng: DOF | | (| optional) | |
| an effective date is listed, lote: If the date inserte | the date must be specific a d in this block does not the on the Department of | nd cannot be prior meet the applica | ible statutory filir | ng requirements | after filing.) Pursus, this date will no | ant to 605.0207 of be listed as t |
| ocument's enective dat | e on the Department of | State 8 records. | | | | |
| | | | an effective | time, at 12: | 01 a.m. on th | e earlier of: |
| | _ | _ | | | | |
| The 90th day after | Dev 18 | 2018 | | | | |
| e record specifies a The 90th day after Dated Stem | Der K IN Lan Signature of | . 2018 Wy U | rized representative | e of a member | | |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00