118000130430

| (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

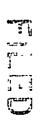


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COVER LETTER

| The enclosed Articles of | Amendment and fee(s) are subr | mitted for filing. | |
|-----------------------------|--|---|---|
| Please return all correspo | ndence concerning this matter t | to the following: | |
| | THOM | AS KROCZEK Name of Person | |
| | | Firm/Company | |
| | 12112 44 | TH AVE W UN | VIT 191 |
| | CORTI | EZ, FL 3421. | 5 |
| | | City/State and Zip Code | |
| For further information c | E-mail address; (i oncerning this matter, please ca | o be used for future annual report notifie | cation) |
| Name o | f Person | at () 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) |
| MAIL | ING ADDRESS: | STREET/COURIE | R ADDRESS: |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F. ED

(Name of the Limited Liability Company as it now appears on our records.) lorida Limited Liability Company). The Articles of Organization for this Limited Liability Company were filed on _ Florida document number L18000130430 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: (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 ne 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.

If Changing Registered Agent, Signature of New Registered Agent

ORTEZ . Florida 342

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being ad or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|--|------------------|
| MGR | THOMAS KROCZEK | 12112 44TH AVE W UNIT | 191 _ Add |
| | | (ORTEZ, FL 34215 | Remove |
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| · · | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| f an effect Note: If | e date, if other than the date of filing: |
| | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed. |
| Dated | February 13 2019 Thomas Krand |
| | Signature of a member or authorized representative of a member |
| | THOMAS KROCZEK |

Page 3 of 3

Filing Fee: \$25.00