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COVER LETTER

TO: Registration Section Division of Corporat	ions		
SUBJECT:	FLORIDA Name of Limi	LL C ited Liability Company	
The enclosed Articles of Amen	dment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	ee concerning this matter	to the following:	
_	ADRIGN	Name of Person	
_	Map	FWGMA CCC	,
_	965	NE 88 EL STA	LET
_	NiATI	FL 3313 City/State and Zip Code	» (
_	E-mail address: (t	o be used for future annual report notificati	on) 😋
For further information concern	ning this matter, please ca	all:	SE TI
A Row AN Name of Perso	(だひり	at (347) 819 3 Area Code Daytime Tel	ephone Number
Enclosed is a check for the foll	owing 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

Mer FC	bripg LCC		_
	Liability Company as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liab Florida document number	oility Company were filed on $6/04/18$	and	assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company here:		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the	abbreviation	"L.L.C."
Enter new principal offices address, if applicab	ele:		
(Principal office address MUST BE A STREET)	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or	registered office address on our records, ente	r the nan	no of the new
registered agent and/or the new registered offic			
Name of New Registered Agent:			У ражения
New Registered Office Address:			
	Enter Florida street address	55	p []
	, Florida _	Zip Co	ode
	· ·	.,	

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

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		33139 DIM. FC	□ Remove
			Change
AMBR	ANTOINE CEIRS	965 NE 88 H STREET	,
		33138 MANIEC	□ Remove
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Filing Fee: \$25.00