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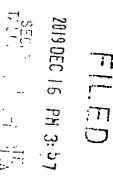
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COVER LETTER

Division of Corp			
SŲBJECT:	Urgent/ Name of Limit	redry (C)	· · · · · · · · · · · · · · · · · · ·
	3,2	od Blacking Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspor	ndence concerning this matter t	o the following:	
	Bryo	en Plonsky Name of Person	ρ
	Dogen	Firm/Company	
	1200 S.	Rugers Circle	HY_
	Bocc	Roberty FC	33487
	Sryga Co e	City/State and Zip Code Cleplaner, Co o be used for future annual report notific	ation)
For further information co	oncerning this matter, please ca	dl:	
Mame of	Plonsky	at (56/) 29 Area Code Daytime	8-6039 Telephone Number
Enclosed is a check for th	e following amount:		
825.00 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 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

' Orsent med	ر) بيليم		
(Name of the Limited Liability Compar (A Florida Limited L	, –	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L/YOOd/Y85</u> .09	were filed on	, ,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the de	esignation "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 a	address on our re	ecords, enter the name of the new regis	- !
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	Entar Flor	ida street address	_
	Emer Piori		
	City	, Florida Zip Code	_
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	ze to act in this c performance of	capacity. I further agree to comply wit my duties, and I am familiar with and	h the

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 rerson(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
4GR	Stephen Wolfe	1200 S. Rojers (.7/	e DAGO
	•	1200 S. Rojers C.M. Suffe 4 R Dl. T. D.	
AMBR	Stephen Wate	Buch Robert 33	YY7 □ Change
		Sola Restor In	□Remove
			□ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			[] Change
			□ Add
			Remove
			□Change

	·
Effec	tive date, if other than the date of filing: (optional)
Mote:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
he reco ord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	December 11, zag.
	Signature of a member or authorized representative of a member