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(<i>F</i>	Address)
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PICK-UP	WAIT MAIL
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S. PRATHER

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	THESS ST Name of Limi	Tudio 23 ni ne ted Liability Company	<u>LLC.</u>
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	Vam	e Blaiweiss Name of Person	
		Firm/Company	
	6208 TI	ail BIVD.	
	Naples iblai	PLOTION City/State and Zip Code Wiss Cyahoo. Co be used for future annual report notifies	3410'8
For further information cor	ncerning this matter, please ca	111:	
	Person	at (239) 465 Area Code Daytime	-3 × 95 Telephone Number
Enclosed is a check for the	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)

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 fil	led on and assigned
Florida document number <u>U8000162774</u> .	· &
. Total document manner.	^r -s
This amendment is submitted to amend the following:	
A 16 12 4 4 6 1 12 12 12 12 12 12 12 12 12 12 12 12 1	20
A. If amending name, enter the new name of the limited liability con	npany here:
	r.,
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	φ
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address if applicables	
Enter new mailing address, if applicable:	***************************************
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ad	dress on our records, enter the name of the
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address:	Enter Florida street address
New Registered Office Address:	Enter Florida street address . Florida

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>	Name	Address	Type of Action
MGR	Jamie Blaiseis	5 771 Giralola Ct	J Add
		Marco Is, A 34145	□ Remove
			Change
MGR	Leon Blaiweiss	771 hiralda Ct. Marco Is, Pl 34145	
		Marco Is, FL 34145	X Remove
			Change
			Add
			Remove
			Change
		,	□ Add
			Remove
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			□ Remove
			Change
			□ Add
			Remove
			☐ Change

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