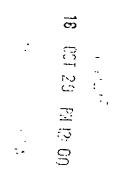
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COVER LETTER

	egistration Se lvision of Co			
CUBICT	BAR ON C	CALLELC		
SUBJECT	:	Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub	_	
r lease retu	in air correspe	CIAN THOMPSON	to are following.	
		BAR ON CALL	Name of Person	
		3911 NW 90 WAY	Firm/Company	
		SUNRISE, FL33351	Address	
		CTHOMPSON@BARON		
For further	information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notif all:	ication)
CIAN THO	OMPSON		786 3069303 at()	
	Name o	f Person		Telephone Number
Enclosed is	a check for th	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)
	MAILI	ING ADDRESS:	STREET/COURII	ER ADDRESS:

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

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 an	nears on our records)
(<u>Name of the Limited Liability Company as it now ap</u> (A Florida Limited Liability Compa	(iv)
The Articles of Organization for this Limited Liability Company were filed or Florida document number	JULY 09, 2018 and assigned
This amendment is submitted to amend the following:	5
A. If amending name, enter the new name of the limited liability compan	<u>y here</u> : 29
The new name must be distinguishable and contain the words "Limited Liability Company,"	
Enter new principal offices address, if applicable:	H 17
(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 registered agent and/or the new registered office address here:	on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
Enter	Florida street address
	, Florida
City	Zip Code

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>	<u>Address</u>	Type of Action
	CIAN THOMPSON	3911 NW 90 WAY SUNRISE, FL33351	
MR (CO			
			□ Remove
			Change
MS	AUDI FLEMMINGS	3911 NW 90 WAY SUNRISE, FL 33351	
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JULY 09, 2018	
tive date, if other than the date of filing: [fective date is listed, the date must be specific and cannot be prior to date	(optional)
ffective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable s	of filing or more than 90 days after filing.) Pursuant to 605 tatutory filing requirements, this date will not be list
ment's effective date on the Department of State's records.	, 5 ,
ecord specifies a delayed effective date, but not an e 90th day after the record is filed.	effective time, at 12:01 a.m. on the earli
OCTOBER 23, 2018	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00