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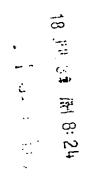
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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EXAMINER

. COVER LETTER

Division of Corp				
SUBJECT:	breeneutz L	LC		
	Name of Limi	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
	Rober	+ T Treen Name of Person		
	bre	Fimi/Company		18 Hill Co
	<u>3361</u>	Painters S.		\$ K1 8: 24
	Spang	Hill CC 3 City/State and Zip Code	4100	24
	E-mail address: (t	o be used for future annual report/notil	sc.c. (Om	
For further information co	neerning this matter, please ca	dl:		
Robert T	Person	at (<u>727</u>) <u>247</u> - Area Code Daytime	UPO3 F Telephone Number	
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &

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

	1+2 LLC	
(Name of the Limited Liz (A Flo	ability Company as it now appears on our records. orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	ty Company were filed on 7/11/201	and assigned
Florida document number <u>L 180001072</u>	<u> 203</u> .	ထိ
This amendment is submitted to amend the following	R;	· · ·
A. If amending name, enter the new name of the	limited liability company here:	and C
The new name must be distinguishable and contain the words "	'Limited Liability Company," the designation "LLC"	
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida

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
MGR	Checy coolidge	3361 Painters S.	
	J	Spring Hill, FL 341	Remove
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an effective date is listed, the date must lote: If the date inserted in this blo	be specific and	d cannot be prio	r to date of filir	ng or more than	90 days after f	iling.) Pursu	ant to 605. of be liste
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Filing Fee: \$25.00