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COVER LETTER

TO: Registration So Division of Con		* ,	
SUBJECT:	EQUILE COL	O) Olr Cutive, Lited Liability Company	LC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mauri	CC Avcodic	
	Arc	Fim/Company Sile	and wood, PLLC
	<u>2815 u</u>	Firm/Company Bigs e (), Now Haven C Address	we #304
	Melbo	Sign Fl 329 City/State and Zip Code	104
	E-mail address: (i	to be used for future annual report notif	laal tam. com
For further information c	oncerning this matter, please ca	all:	
Maurice o	f Person	at (321) 953 Area Code Daytime	-5998 Telephone Number
Enclosed is a check for the	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)

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 Liab	Of (Ox)	as it now appears on or	ur records.)			
The Articles of Organization for this Limited Liability Florida document number $L / S O(O/7)$	Company we	•	,	a	ind assi	igned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lig	mited liabilit	v company here:				
The new name must be distinguishable and contain the words "Li						
The new name must be distinguishable and contain the words "Li	imited Liability	Company," the designat	tion "LLC" or the	abbrevia	tion "L.1	L.C."
Enter new principal offices address, if applicable:		NIA		<u> ::</u> ,_		
(Principal office address MUST BE A STREET ADL	ORESS)	· · ·		= <u>;;</u>		
	_				200	
•				23.5 3.5	2	
Enter new mailing address, if applicable:	-			<u>.</u> :	70	(17)
(Mailing address MAY BE A POST OFFICE BOX)	_			\ 	က်	ر.)
	_			<u>.</u>	<u>5</u>	
			End a m	, ·		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		e address on our	records, ente	r <u>the</u> i	iame (of the new
Name of New Registered Agent:	NIA					
New Registered Office Address:						
		Enter Florida str	eet address		_	
			. Florida			
		City		Zη	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>	Name	Address	Type of Action
MGR	Fedele, StephenV	41601 Blackhealth	Add
		41601 Blackhealth Ct. Rockledge, F132	950 Remove
			Change
			Remove
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· 			□ Add
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			— ` ₹
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			☐ Change

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Filing Fee: \$25.00