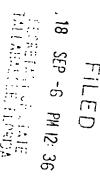
L18000176296

Office Use Only



800316459998

09/06/18--91017--001 ++25.00



O SIMMONS SEP 1 2 2018

COVER LETTER

| SUBJECT: | restigious Name o | f Limited Liability Comp | LLC | |
|--|---|--|---|-------------------------------|
| DOCUMENT NU | j | 176296 | · | |
| The enclosed Resi for filing. | gnation of Registered Ag | gent for a Limited Liab. | ility Company and fee ar | e submitted |
| Please return all co | orrespondence concernin | g this matter to the foll | owing: | |
| Ctura | oline II Lal | ucis | | |
| | | | | |
| Prest | Name of Firm/Company | les LLL | | |
| | th Street N | | | |
| 11817 | Address | 7 ** | | |
| Largo | CA 337- | 70 | | |
| gora | CA 337- City/State and Zip Code Cline lalucis (to be used for future annual r | Smail.com | | |
| E-mail address: | (to be used for future annual r | (por) notification) | | |
| For further inform | ation concerning this ma | tter, please call: | | |
| Czeraldi | Ne U. Laluc | | 13-8807 | |
| Na | ame of Person | Area Code Day | time Telephone Number | |
| Enclosed is a checliability company liability company. | ck made payable to the Fl or \$25.00 for an administ | orida Department of St tratively dissolved, vol | ate for \$85.00 for an acti untarily dissolved or with | ive limited hdrawn limited |
| MAILING ADD | RESS: | STREET AI | ODRESS: | |

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO: Registration Section Division of Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| 1 rectision | s Filestyles LLC | |
|--|--|---------------------------------------|
| Name of the Limite | d Liability Company a) it now appears on our A Florida Limited Liability Company) | records.) |
| The Articles of Organization for this Limited Lia Florida document number $_ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ $ | | - 23 - 2018 and assigned |
| This amendment is submitted to amend the following | wing: | |
| A. If amending name, enter the new name of | the limited liability company here: | |
| | | <u> </u> |
| The new name must be distinguishable and contain the wo Enter new principal offices address, if applica | | on "LLC" or the abbreviation "L.L.C." |
| (Principal office address MUST BE A STREET | ADDRESS) | |
| Enter new mailing address, if applicable: | | PM 12: 36 |
| (Mailing address MAY BE A POST OFFICE B | <u></u> | |
| B. If amending the registered agent and/orthe new registered off | - | records, enter the name of the nev |
| Name of New Registered Agent: | | - - |
| New Registered Office Address: | Enter Florida stree | et 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 = N \\ AMBR = A $ | lanager authorized Member | | |
|-------------------------|------------------------------|--|-----------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| <u>Mgr</u> | Grazi A. Martin | 178 14th Street NW Largo, FL 33770 | |
| J | | Largo, FL 33770 | Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | □ Change |
| | | | |
| | | | Remove |
| | | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | ₩ Podd |
| | | · · · · · · · · · · · · · · · · · · · | က် ည တ □ Remove |
| | | | Change |
| <u> </u> | | | Add |
| | | | 🗆 Remove |
| | | | Change |
| | | | 🗆 Add |
| | | | Remove |
| | | | Change |

| - | |
|--|---|
| | 5 |
| | |
| | 10000000000000000000000000000000000000 |
| | |
| | |
| | 36 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 applicable statutory filing requirements, this date will not be listed accords. |
| record specifies a delayed effective date, b ne 90th day after the record is filed. | out not an effective time, at 12:01 a.m. on the earlier |
| ed 4 Sept . 22 | OB_ |
| (La duca) | |

Page 3 of 3

Filing Fee: \$25.00