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COVER LETTER

Fax: (561) 508-2911

Registration Section TO: **Division of Corporations**

Fax: (800) 975-7928

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Manne of Person
Sides Funcant Have LLC Firm/Company
2930 Curvelle Drive
Riviers Bench Fly 33404 City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

S25.00 Filing Fee

□ \$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

Fax: (800) 975-7928

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 180017917	y were filed on July 25, 2018 and assigned 33
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	TO THE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ED 2 M 7: 00 SEE, FLORIDA
B. If amending the registered agent and/or registered office address he	office address on our records, enter the name of the new
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

Fax: (800) 975-7928 Fax. (581) 508-2911 rom: Tony Siders To: CARVELLE FAX

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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
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ective date, if other than t effective date is listed, the date re: If the date inserted in this ument's effective date on the	must be specific and car block does not meet	mot be prior to da t the applicable :	te of filing or more	(op than 90 days af quirements, t	ter filing.) I	Pursuant to 605.
record specifies a delay he 90th day after the r		e, but not an	effective tim	e, at 12:01	. a.m. o	n the earlie
ed <u>July</u> 2	8	2018				
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Filing Fee: \$25.00