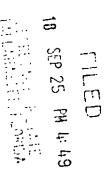
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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: PEN	Name of Limit	570005 110	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Julie_	Name of Person	
		Firm/Company	
	3550	ESPANAC WA	Y
	Thiritiass	City/State and Zip Code	
	E-mail address: (t	to be used for future annual report notific	cation)
For further information con	cerning this matter, please ca	all:	
		at () Area Code Daytime	
Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a check for the	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

Ompany as it now appears on our re	Coords.)	
nited Liability Company)		
pany were filed on L1800	2018 111 and assigned	
liability company here:		;
Liability Company," the designation	"LLC" or the abbreviation "L.L.C,".	名 三
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mt.		
Emer Frontie Street		
City	, Florida Zip Code	
F -1	d office address on our rechere:	d office address on our records, enter the name of the rhere: Enter Florida street address Florida

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 **Type of Action** Address Title Name JONATHAN DAUSON 5600 STONELER RD 0 Add MGR TALLAHASSEF, FL 32303 PRemove A partie MGR JUITEDAWON 3550 ESPLANAD WAY. BATT 12215 ☐ Remove TAILAHASSEE, FL 32311 O Change □ Add ☐ Remove ☐ Change □ Add 굶 - Dechange <u>≯</u> □ And ☐ Remove _□ Change _□ Add ☐ Remove

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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this locument's effective date on the	ust be specific an block does not a	d cannot be prio meet the appli	cable statutory	or more than 90 da	(optional) ys after filing.) Pur us, this date will	suant to 66 not be lis	05.0207 sted as
e record specifies a delay The 90th day after the re			ot an effecti	ve time, at 12	::01 a.m. on	the ear	lier o
Pated 9/25/18		, 18	·				

Page 3 of 3

Filing Fee: \$25.00