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COVER LETTER

то:	Registration Sec Division of Corp			
SUBJ	ect:	Ving Trie	ted Liability Company	
The e	nclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Ken	Name of Person	s' ounce
		1938 2	Firm/Company Joodwo th Do Address	
		- Orange	Park FL 32 City/State and Zip Code	065
		E-mail address: (1	o be used for tuture annual report not	ification)
For fu	erther information co	ncerning this matter, please ca	at (\hat{C}/δ) $\frac{2}{2}$	600-1239
Enclo	sed is a check for the	following amount:		
1 S	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 Liability Comp (A Florida Limited	any as it now appears on our record	d <u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number \(\(\bigcup \) \(\bigcu	y were filed on	30th 2011 Signed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable:	oility Company," the designation "LLC	C" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)		
		2 T
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2:
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		ls, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	:55
		lorida Zip Code
	City	zip Code

w Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is 18 in 19 in

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 Title Title <u>Name</u> <u>Address</u> Type of Action ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add _□ Remove ☐ Change _□ Add ☐ Remove

☐ Change

	· ,
	
an effecti <u>ote:</u> If	date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
ated	The state of the s
	Menajure of a member or authorized representative of a menaber

Page 3 of 3

Filing Fee: \$25.00