L18000187814

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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of C	orporations		
CUDICT.	AND HOLDINGS LLC		
30BJEC1	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresi	pondence concerning this matter	to the following:	
	pondence Concerning and matter	to the tonowing.	
	LOVETTE DOBSON		
	-	Name of Person	
	INCFILE.COM LLC		
		Firm/Company	
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON, TX 77064		
		City/State and Zip Code	
	EFILE1234@INCFILE.CO		
	E-mail address: (to be used for future annual re	port notification)
For further information	concerning this matter, please c	all:	
LOVETTE DOBSON			9090
Name	of Person	at () Area Code	Daytime Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &
34 92			
Mailing Addre Registration		<u>Street Ado</u> Registrat	Iress: ion Section
	Corporations		of Corporations
P.O. Box 633	27		ге of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

1

	HOLDINGS LLC	5 . 7
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	2
The Articles of Organization for this Limited Liability Company	y were filed on	and assigned
Florida document number L18000187814		
This amendment is submitted to amend the following:		. 16
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	806 FLORENCE ST	
(Principal office address MUST BE A STREET ADDRESS)	PALATKA, FL 32177	
Enter new mailing address, if applicable:	806 FLORENCE ST	
(Mailing address MAY BE A POST OFFICE BOX)	PALATKA, FL 32177	
B. If amending the registered agent and/or registered office :	address on our records, enter the na	me of the new register
agent and/or the new registered office address here:		ne of the new register
Name of New Registered Agent:		acounte new register.
agent and/or the new registered office address here:	Enter Florida street address	ac of the new register
Name of New Registered Agent:	Enter Florida street address , Florida	ac of the new register

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with ti 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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MIKE GUSTAFSON	806 FLORENCE ST	≡ Add
		PALATKA FL 32177	Remove
			□Change
AMBR	ERICK JONES	806 FLORENCE ST	= Add
		PALATKA FL 32177	□Remove
			□Change
AMBR	STEFANIE RESTREPO	1050 PARKSIDE GREEN DR APT C	□Add
		GREENACRES, FL 33415	\exists Remove
			□Change
AMBR	MIRIAM BORJA-FISHER	19557 SW 77TH PLACE	□Add
		DUNNELLON, FL 34432	BRemove
			☐ Change
			□Add
			Remove
			□Change
			□Add
			□Remove

	
Effection of	ctive date, if other than the date of filing:
Note	•
Note docu he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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