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TO:	Registration Sectorial Division of Corp			Y.* Ti	,
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		mendment and fee(s) are submedence concerning this matter to	_		
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			Firm/Company		
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			City/State and Zip Co	ode	
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For furt	her information cor	ncerning this matter, please cal	l:		
<u>-S+</u>	EPHEN Name of	CGuffey-	Firm/Company SEA AVE Address Ali Alawhic Florida 32903 City/State and Zip Code Company Address City/State and Zip Code Company Address Ali Alawhic Florida 32903 City/State and Zip Code Company Address Andress Ali Alawhic Florida 32903 City/State and Zip Code Company Address Andress Ali Alawhic Florida 32903 City/State and Zip Code Company Address Andress (to be used for future armual report notification) Company Address City/State and Zip Code Code Daytime Telephone Number Code Daytime Telephone Number Code S555.00 Filing Fee & S60.00 Filing Fee,		
Enclose	d is a check for the	following amount:			
√ S25	6.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy		Certificate of Status & Certified Copy

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 8/10/2018Florida document number L-18000 191889 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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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Filing Fee: \$25.00