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COVER LETTER

WO: Registration Sect Division of Corpo			
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	2018 OCT
Please return all correspond	dence concerning this matter	to the following:	. 107
	Pan	Marie of Person	PP 7:
	<u>- 14</u>	AGC: LCC	
	3433 E	E Culf to Address	Lake Hury
	Inve	City/State and Zip Code	3-1453
		to be used for tufure annual report Notifi	rail. Canção
For further information cor	scerning this matter, please co	all:	
PA-m M Name of F	C Kinny Person	at (3.53) 584 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

FYF Ago	ais LC	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on o ted Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L180001431</u>	any were filed onQ	- 10 − 1€ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	jability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS	2	, , , , , , , , , , , , , , , , , , , ,
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address because of New Registered Agent:	l office address on our here:	records, enter the name of the no
New Registered Office Address:		
The gradest of the gradest	Enter Florida str	vet 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records:

MGR = •Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMOK	Madeleine Hames	20 white Pinet	three
		Hunt Valley, MID 21030	□ Remove
			Change
AMBL	EVILLE	4474 W (aleshare)	
		Batan Rage, LA	
		70805	<u>></u> □ Change
		<u>. </u>	
			Remove =
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The 90th day after the record is filed.	ional) a filing.) Pursuant to 605 is date will not be list
2126-2018	a.m. on the earli
$\frac{9-38}{2}$. $\frac{2018}{2}$.	
Signature of a member or authorized representative of a member	
Pan McKing - CPA Typed or printed name of signer	

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Filing Fee: \$25.00