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

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	/ were filed on <u>09/14/</u>	2018 and assign
Florida document number L18000219751		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the desig	mation of LC" or the abbreviation of LC.
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		201
		20 NW 0.02
		=======================================
Enter new mailing address, if applicable:	N/A	16
(Mailing address MAY BE A POST OFFICE BOX)		##
Andring dates MAT BE AT OST OF THE BOX		٠
		6
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	rds, <u>enter the name of the new re</u>
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida	const. A language
	emer r tortati	Mrevi (Maress
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	zip v ode

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of A
MGR	KALVIN WIKE	1727 EMERALD DR, CLEARWATER FL 33756	■Add
			□Remov
			□Change
MGR	DENISE WIKE	1727 EMERALD DR, CLEARWATER FI. 33756	□Add
			Remove
			□Change
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