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COVER LETTER

| TO: Registration Section Division of Corporations | |
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| SUBJECT: Lineage Pro LLC Name of Limited Liability Company | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Jayson Stinson & Alexandria Irvin | |
| Lineage Pro 11C | |
| 211 Denese Lane Address | |
| Auburndale Fl 33823 City/State and Zip Code | |
| E-mail address: (w be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Stinson at (863) 286 - 2948 Name of Person Area Code Daytime Telephone Number | _ |
| Enclosed is a check for the following amount: | |
| S25.00 Filing Fee Scrifficate of Status S25.00 Filing Fee Scrifficate of Status S25.00 Filing Fee Scrifficate of Status S25.00 Filing Fee Scriffied Copy Scrifficate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee Scriffied Copy (additional copy is enclosed) | Status & y |

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

| Lineage Pro LLC | | <u>.</u> |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Name of the Limited Liability Com (A Florida Limite | pany as it now appears on our records.) d Liability Company) | |
| The Articles of Organization for this Limited Liability Compar Florida document number <u>L18000728168</u> | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | ability company here: | |
| The new name must be distinguishable and contain the words "Limited Lia | ability Company," the designation "LLC" o | or the abbreviation of the control o |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | Size de l' |
| | | FF ST C |
| 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 he | | enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | Flori | ida |
| | City | Zip Code |
| Non-Distance Assessed Assessed Companies (Cohemister Desistance Asses | | |

New Registered Agent's Signature, it 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|--------------------------------------|----------------|
| AMBR | Laura Irvin | 211 Denese Lone, Auburndale 33823 | FI to Add |
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Filing Fee: \$25.00