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Office Use Only



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TR 1 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 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:
FRADELENE DERDING
CENT OU-HI COmpany
3537 Oles rd Agt 102 Second croatet
City State and Zip Code City State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigsquare \text{S30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigsquare \text{Certified Copy tadditional copy is enclosed}\$\$ Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

1 prop for 15/10

(Name of the Lim	ited Liability Company (A Florida Limited Lia	as it now appears of	n our records.)	
The Articles of Organization for this Limited I	Liability Company w		03-17	_ and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liabili	tv company here:		
The new name must be distinguishable and contain the	words "Limited Liability	Company," the desig	mation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	cable:			·
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>: BOX)</u>		5 C C C C C C C C C C C C C C C C C C C	NOV 20 PH 4:
B. If amending the registered agent and registered agent and/or the new registered of	•	ce address on ou	ır records, <u>enter th</u>	e name of the nev
Name of New Registered Agent:	TRADI	ELEME	DERISM	A
New Registered Office Address:	35311	Enter Florida	succe address	<u>-</u>
	Ciconst	Ciu.	, Florida	O J 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = : Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or mo	(optional)	irsnant te	5605 D2
e: If the date inserted in this block does not meet the applicable statutory filing			
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record specifies a delayed effective date, but not an effective tile 90th day after the record is filed.	me, at 12:01 a.m. on	the ea	arlier (
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Page 3 of 3

Filing Fee: \$25.00