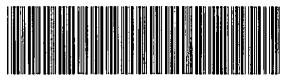
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(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Nam	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



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SECILIENT STATE

AND MASSEE FLORIDA

JAN 0 8 2019 S. YOUNG

## **COVER LETTER**

TO: Registration Se Division of Cor			,
SUBJECT: Hv~5	1. C. Hec. and S Name of Lim	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jistin Bun	.S to Name of Person	
	ond A Col	Firm/Company	
	511 Melady	Address	
	Sarasala,	FL 34277	
		FL 34237 City/State and Zip Code  Composition Composition to be used for future annual report notification.	# <u> </u>
For further information co	oncerning this matter, please ca	all:	SE S
Name o	ster f Person	at ( <mark>971)</mark> - 716 - 18 Area Code Daytime	PR 6: 29
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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

(Name of the Limited Liability Compa (A Florida Limited	ing ag it now annears an our rai	eards )
(A Florida Limited	Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company	were filed on 10/10/10	18 and assigned
Florida document number <u>L18000 ~40 495</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		- 5 号 丁
		28
Enter new mailing address, if applicable:		MG = M
(Mailing address MAY BE A POST OFFICE BOX)		
		30
		Z.**
B. If amending the registered agent and/or registered o		ords, enter the name of the n
registered agent and/or the new registered office address her	<u>e</u> :	
Nicona of Others Danier and Austra		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	Herace
	Enter Puntat street ad	ILI CSS
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:	•	S.p. S.M.
<del></del> -		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ree to act in this capacity. I	I further agree to comply with t and I am familiar with and
accept the obligations of my position as registered agent as	provided for in Chapter 60	05, F.S. Or, if this document is
being filed to merely reflect a change in the registered office	address, I hereby confirm	i that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>	Name	Address	Type of Action
			Remove
			Change
			☐ Remove
			Change
			Add € Add
			DECC Remove
			To Pathone of 30 dd
			□ Remove
			☐ Change
			Remove
			☐ Change
			Remove
			Change

D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if nece	essary.)
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-		30
(if an eff <u>Note:</u>	dive date, if other than the date of filing:	filing.) Pursuant to 605.0207 (3)(b)
If the red (b) The	cord specifies a delayed effective date, but not an effective time, at $12:01$ as $90th$ day after the record is filed.	a.m. on the earlier of:
Dated	Signature of a member or authorized representative of a member	
	Sust: Bonister Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00