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COVER LETTER

COVER LETTER	
TO: Registration Section Division of Corporations SUBJECT:	an
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: Name of Person Firm/Company Address New Service Red FL 3 City/Slate and Zip Code V Fold 2 1100 cm and 1 Code	- - - 32169
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call: Area Code Daytime Telephone Numb	ver
(additional copy is enclosed) Certifie	Filing Fee, cate of Status & ed Copy nal copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF O	PRGANIZATION AND A SECOND SECO
\sim 0	
(Name of the Limited Liability Compa	1 21 MAY 17 PH 3: 46 ny as it now appears on our records.)
(A Florida Limited L	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 11/10/2018 and assigned
Florida document number <u>USDD26817</u> 4	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amounting the registered agent and/on registered office of	dduces on our records ontou the name of the new registers
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	duress on our records, enter the name of the new registere
Name of New Registered Agent:	
Nume of New Registered rigent.	
New Registered Office Address:	
	Enter Florida street 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 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

TABLE TO TAKE AMBR = Authorized Member 21 HAY 17 PH 3: 46Type of Action Title Name **Address** Michael Carmody 221 Francis Parkman Angladd ☐ Change □ Remove _____ Change □Add _____ □Change _____ □Add □Remove _____ □Add □Remove _____ □Change

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