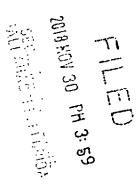
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COVER LETTER

Division of Cor	porations		
SUBJECT: 5cc4	hen Sighting Name of Lim	S LLC	
	Name of Lim	ited 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:	
	Russell	Name of Person	
		Name of Person	
	Souther	n Sightings Firm/Company	LLC
	ااهتا س. اه	dline way	
	Tampa	FL 37675 City/State and Zip Code	
		'	
	E-mail address: (i	nallows Qyaho to be used for future annual report notif	tication)
For further information co	oncerning this matter, please ea	all:	
Russell -	Sauchs	ar 197) 639~	935X
Name of	Person	at (197) 6.39 Daytime	e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 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:

TO:

Registration Section

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 ARTICLES OF ORGANIZATION **OF**

ARTICLES OF O	DRGANIZATION 20 A
O	OF WISHING CENT
Southern Sightings (Name of the Limited Liability Compa (A Florida Limited I	ORGANIZATION OF ASSOCIATION ASSOCIATION
The Articles of Organization for this Limited Liability Company Florida document number <u>L190のほんらろう</u>	were filed on 11/19/18 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
Southern Shallow's LLC The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11807 Wildline Way
(Principal office address MUST BE A STREET ADDRESS)	Tamps , FL 33635
Enter new mailing address, if applicable:	Sanc
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	, Florida 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

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
			Remove
			☐ Change
			Add
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			Change
			Add
			Remove
			Change

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Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	11/38/18
	Signature of a member or authorized representative of a member
	Tussell Jacobs Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00