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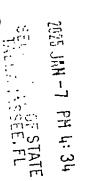
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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: Dal	DeN LIMIT	ed Li Ability		
<u> </u>	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Voise	Name of Person		
	10610 Li	herty Pd		
		Firm/Company		
	7			
		Address		
	QUINCY	F-1 3:235 City/State and Zip Code		
	5 mail addruce: (to be used for future annual report notific	rorion)	
For further information of	concerning this matter, please ca		as a	
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VO CC	TadeN f Person	at $(\frac{850}{\text{Area Code}}) \frac{210 - 80}{\text{Daytime }}$	Telephone Number	1.
		ratu ottor baytima	(1)	3
Enclosed is a check for the	he following amount:		PH 4: OF STO SEE, F	ryan â
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	S55.00 Filing Fee &		
Ü	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration S		<u>Street Address:</u> Registration Sect	ion	
Division of Corporations		Division of Corpo	orations	
P.O. Box 6327		The Centre of Ta	llahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	The Liability Company A Liability Company A Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L/8(00)784206</u>	were filed on $\frac{12/12/18}{}$ and assigned
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	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)	
Enter new mailing address, if applicable:	'
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a	address on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Emer Florida street address
	Enter Florida street address
	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

AMBR = Authorized Member **Title** Name Address Type of Action MGR James A Taylor Pobox 123 Panacan DAdd Remove ☐ Change \square Add □Remove _ □Change □**Re**move _ □Remove \square Add □Remove

_ 🗆 Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Effective date, if other than the date of filling:	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	207 (3)(b) l as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after cord is filed.	:he
Dated 0.7	
Loise fat	
Signatyce of a member or authorized representative of a member 10150 A and	
Typed or printed name of signee	

Filing Fee: \$25.00