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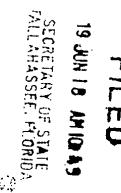
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Special Instructions to Filing Officer:

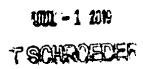
Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	(YE) (C) Name of Lim	Cited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Mathew	Name of Person	
	<u> Cucrel</u>	Firm/Company	
	1000 S	Ocean blud	<u>. </u>
	Pampara P	Secus FL City/State and Zip Code	33062
	E-mail address: (1	to be used for future annual report noti	fication)
For further information co	ncerning this matter, please ca	all:	
Mutthew Name of	Person	at (154) 798 Area Code Daytim	- 30 80 e Telephone Number
Enclosed is a check for the	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:

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 Compan	ny as it now appears o	n our records.)	
(Name of the Limited Liability Compar (A Florida Limited L	liability Company)	 ,	
The Articles of Organization for this Limited Liability Company Florida document number <u>41800029079</u> .\	were filed on	12/19/18 :	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here	:	
The new name must be distinguishable and contain the words "Limited Liabil	LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the design	gnation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:		SEC	3
(Principal office address MUST BE A STREET ADDRESS)		元 田田 (6年)	<u> </u>
		<u> </u>	500 7
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Enter new mailing address, if applicable:			<u> 5</u>
(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		ur records, <u>enter the l</u>	name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	
	Сиу	Zij	o 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>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
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Filing Fee: \$25.00