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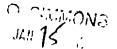
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Dx	ocument Number)	
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: A	LLYN PR Name of Lim	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ALLAN	C BLAIR Name of Person	
	Allyn Pl	Firm/Company	
	2801 Chancel	Address	ite 612
	Tallahassee	FL 3 2 3 1 City/State and Zip Code	2
	CURT @ ally E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	ili:	
CURT R	blain of Person	at (<u>850</u>) <u>570 -</u> Area Code Daytime	3 0 o 4 Telephone Number
Enclosed is a check for t	he 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

Allyn PR	LLC
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number L 18000 293 181	Company were filed on December 24, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	RESS)
	- - -
Enter new mailing address, if applicable:	00
(Mailing address MAY BE A POST OFFICE BOX)	
registered agent and/or the new registered office add	ress here:
New Registered Office Address:	
	Finter Florida street address
	, Florida
	Chy Zip Code
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	A Agent: and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is ad office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent Page 1, of 3
	Page 1 of 3

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 2801 Chancellosville Da S 612	Type of Action
MGR	Allaw C. Blair	Tallahassee, FL 32312	⊟ ⊼dd .
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			Change
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			. 8
ective date, if other than the effective date is listed, the date made: If the date inserted in this beament's effective date on the light	ast be specific and cannot be prio block does not meet the appli	or to date of filing or more than the cable statutory filing require	(optional) 90 days after filing.) Pursuant to 605.03 ements, this date will not be listed
record specifies a delaye he 90th day after the re		ot an effective time, a	t 12:01 a.m. on the earlier
ed January	6 2019	Mar.	

Page 3 of 3

Filing Fee: \$25.00