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COVER LETTÉR

TO: Registration Section Division of Corporations	
SUBJECT: A BOUNGE TO RUNGINGE Company 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:	
WISON Name of Person	
Firm/Company	
1549 Galvin Avl Address	
City/State and Zip Code JUffwi 15001031 @yanoo . (010) E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (850) 580 510 510. 91 Name of Person Area Code Daytime Telephone Number	973
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	e of Status &

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

	Member 11C	records)
(A Flori	ility Company as it now appears on our da Limited Liability Company)	<u>cegrus.</u> ,
The Articles of Organization for this Limited Liability	Company were filed on	19 and assigned
Florida document number <u>L1900024533</u>	· · ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
Eternity Lawniane, ILC		
The new name must be distinguishable and contain the words "Li	mited 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 ADD	ORESS)	<u> </u>
		<u> </u>
		二 望 〇
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		8 S
		· .
B. If amending the registered agent and/or reg		cords, enter the name of the new
registered agent and/or the new registered office ad	<u>uress nere</u> :	
Norman of News Devision and Assessed		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	City	Florida
	Cuh	гір Соае

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
			Add
			Remove
			□ Change
		D Add	
		□ Remove	
		Change	
		□ Add	
		□ Remove	
		□ Change	
		□ Remove	
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		☐ Change	
		Add	
			□ Remove
			□ Change

lf amo	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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Note:	ve date, if other than the date of filing:
	ord 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	$\alpha / \alpha + \alpha / \alpha $
	Ignature of a member of authorized representative of a member Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00