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## **COVER LETTER**

TO: Registration Section Division of Corporation	ns		
SUBJECT: NOTION	wide Relaction	Otto Croup, 1	LC
The enclosed Articles of Amendr			
Please return all correspondence	concerning this matter to	the following:	
	Lexoy A	dam Warran	#
	lationwic	te Retocation Grand Firm/Company	ap, LLC.
4	10 South	Address Address	cle
7	eg copuka	OCh FL 3342 City/State and Zip Code	<u>Zo</u>
<u> </u>	E-mail address: (to	be used for future annual report notifie	tho.co
For further information concerning	g this matter, please cal	1:	
LEYOY A. Warne of Person		at (800) 410 - Area Code Daytime	Telephone Number
Enclosed is a check for the follow	ving amount:		
	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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number 19 003148 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 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 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:

### 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

**Title Name** <u>Address</u> **Type of Action** MGR Toray Garza \_\_\_\_ 🗆 Change Leray A. Warren III 416 S. Aborcon CV MADO \_\_\_\_ Change LEROY Adam Lavren 416S. Abercon Cr. MAdd

Boxhtaneon Fr. 33430 Remove □Change \_ □Remove \_\_\_\_\_ Change \_ 🗆 Add Remove □Change □ Remove

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. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an cf Note:	ive date, if other than the date of filing:
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	Signature of a member or authorized representative of a member
	hexay Admy Warren Typed or printed name of signee