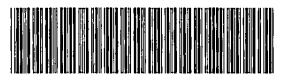
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2019 APR -4 AM 8: 58

C. GOLDEN APR 1 3 2019

COVER LETTER

TO: Registration Sec Division of Corp			
	TIS STREET, LLC		
SUBJECT:	Name of Lin	nited Liability Company	-
The enclosed Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	KIMBERLY MARENCO		
		Name of Person	
	DIFALCO & FERNANDI	EZ LLLP	
T.		Firm/Company	
	777 BRICKELL AVE., SU	JITE 630	
	-	Address	
	MIAMI, FL 33131		
	KMARENCO@DIFALCO	City/State and Zip Code FERNANDEZ.COM	
	E-mail address: (to be used for future annual report notifi	cation)
For further information con	ncerning this matter, please ca	all:	
KIMBERLY MARENCO		305 569-9800 at ()	
Name of	Person	Area Code Daytime	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)	U \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	IG ADDRESS:	STREET/COURIE Registration Section	
Registration Section Division of Corporations		Division of Corpora	

P.O. Box 6327 Tallahassec, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2019 APR -4 AM 8: 58

426 CL	 EMATIS STREET, LLC		ANASSE F. FT
	(<u>Nume of the Limited Liability</u> (A Florida	y Company as it now appears on our records Limited Liability Company)	<u>) </u>
	ization for this Limited Liability Co	ompany were filed on 02/05/19	and assigned
Florida document num	nber	→	
This amendment is su	bmitted to amend the following:		
A. If amending nam	e, enter the new name of the limit	ted liability company here:	
The new name must be dis	stinguishable and contain the words "Limit	ted Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal	offices address, if applicable:		
(Principal office addi	ess MUST BE A STREET ADDRI	ESS)	
		·	
Enter new mailing a			
Mailing address MA	Y BE A POST OFFICE BOX)		
		 	
		ered office address on our records,	enter the name of the new
registered agent and	or the new registered office addr	ess here:	
N: 6 N	us Baraintana d Araust.		
Name of Ne	w Registered Agent:		
New Registe	ered Office Address:	Enter Florida street address	
		Flo	utala.
		City	rida Zip Code
New Registered Agent	's Signature, if changing Registered	Agent:	
provisions of all stat accept the obligation being filed to merely	utes relative to the proper and co as of my position as registered ago	and agree to act in this capacity. I fur implete performance of my duties, and ent as provided for in Chapter 605, F I office address, I hereby confirm tha	d I am familiar with and E.S. Or, if this document is

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> GREGORY F WELTEROTH SR.	Address 356 LAURENS RD.	Type of Action
MGR	GREGORY F WELTEROTH SK.	330 LAORENS RD.	
		MONTOURSVILLE, PA 17754	
		,	■ Remove
			Change
MGR	GREGORY F WELTEROTH JR.	356 LAURENS RD.	
		MONTOURSVILLE, PA 17754	Add
			☐ Remove
			□ Change
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D. If am	ending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>	
	- 1	
(If an el <u>Note:</u>	fective date is li If the date in	optional) sted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b serted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the e date on the Department of State's records.
If the re (b) The	cord specific 90th day	les a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: after the record is filed.
Dated	APRIL 3	2019
		De in 100
	CBDCC	Signature of a the most or authorized representative of a member
		RY F. WELTERO'N SR. Typed or printed name of signee

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Filing Fee: \$25.00