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COVER.LETTER

TO: Registration S Division of Co			
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SUBJECT:	ANMARK /NDVST	RIAL, CCC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	7 54	2	
	- EMOND	Name of Person	<u> </u>
	DANMARK 1	NDOSTIZIAL CCC Firm/Company	
		Firm/Company	
	(1.5)		
	10087 SW C	BIZOOKGREEN DR	
		Predicts	
	PORT SAINT	LUCIT FL 3498	, / _
		City/State and Zip Code	<u>·</u>
	DRURKSC.	DANMARK CLEAN . C	2011
	E-mail address: (to be used for future annual report noti	flication)
For further information of	concerning this matter, please ca	all:	
DEMOND	Rucks	ar 3/2 \ 924	- 2.596
L) EMOND Name o	51 Person	at (<u>375</u>) <u>924</u> Area Code Daytim	te Telephone Number
F 1 1 1 1 2			
Enclosed is a check for t	ne following amount:		
	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			(additional copy is enclosed)
Mailing Addre	<u>ss:</u>	Street Address:	
Registration		Registration Se	ction
Division of C		Division of Cor	•
P.O. Box 631	27	The Centre of T	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1) ANIMARK NOUSTRIAL CC (Name of the Limited Liability Comp (A Florida Limited	CC pany as it now appears on our records.) (Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u> </u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	Province of the second	
(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 agent and/or the new registered office address here:	address on our records, enter the nan	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	:
	Florida	
	Ciņ·	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	2

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 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
MGR	SASHA J. TUNSTACE	10087 SW BROCKGREEN DR	
		BAT SAINT LUCIE, FL 34987	\mathrex** Remove
			□Add
			□Remove
			□Change
			□Add
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an effectiv lote: If`tl		date must be spe n this block do	ecific and cannotes not meet the	he applicable		e than 90 days af	otional) fler filing.) Pursuant t this date will not be	
record sp I is filed.	occifies a delayed	effective date.	but not an ef	Tective time.	at 12:01 a.m. or	the earlier of:	(b) The 90th day	after the
ated	Avent a	27	Z	<u> </u>				
	1	Signat	ure of a membe	er or authorized	Trepresentative o	f a member		_

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