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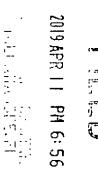
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C. GOLDEN APR 1 7 2019

COVER LETTER

Division of Corporations		
SUBJECT: FUST AMO	Name of Limited Liability Company	ices LLC
The enclosed Articles of Amendment and	fec(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
	Aldith trot	<u> </u>
-Fi	st America ta	x Sarvices LCC
1734	NE 6th St	
Buyn	ton Block FL City/State and Zip Code	33435
aldin	HUTSOTT (6) HOM mail address: (10 be used fordsture annual	no. Communication)
For further information concerning this ma	itter, please call:	
Aldith trott	at (<u>567)</u>	808 - 6600 Daytime Telephone Number
Enclosed is a check for the following amount	unt:	Daytine receptore Number
\$25.00 Filing Fee	ng Fee & S55.00 Filing Fee & Certified Copy (additional copy is enc	Certificate of Status &

TO:

Registration Section

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

2019 APR 1 , PH 6:56 ARTICLES OF ORGANIZATION OF The Articles of Organization for this Limited Liability Company were filed on and assigned

Florida document number ∠1900

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.I	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 Type of Action MGR Aldith Trott 1734 NE 6th St Bynton Boach FL 33435 _□ Remove ☐ Change □ Add _□ Remove _□ Change 🗖 Add □ Remove _□ Change □ Add _□ Remove ☐ Change _□ Add ☐ Remove _□ Change _□ Add □ Remove ☐ Change

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Fan effective date <u>Note:</u> If the date	if other than the date of is listed, the date must be specinserted in this block does tive date on the Departme	ific and cannot be pri s not meet the appl	or to date of filing or mor icable statutory filing	(optional) e than 90 days after filing.) Pe requirements, this date wil	arsuant to 605.020 Il not be listed as
ne record spe The 90th da	cifies a delayed effect y after the record is	tive date, but r filed.	not an effective tir	ne, at 12:01 a.m. on	the earlier o
Dated _3/0	29/19	-/:,,	2.		
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