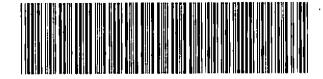
LA000053875

	(Requ	iestor's Nam	e)		
	(Addre	ess)			
	`	ŕ			
	/ A . T . T		_	_	
	(Addre	ess)			
	(City/S	State/Zip/Ph	one #)		
PICK-UF	•	MAIT		MAIL	
	/Rusir	ness Entity N	Jamel		
	(Dusii	iess Linky i	varrie)		
	(Docu	iment Numb	er)		
Certified Copies		Certifica	ites of S	Status	
					
Special Instructions	to Fil	ling Officer:			ļ
					ĺ
					Ì
					ĺ

Office Use Only



100325660681

03/05/19--01013--003 ++25.00

SECRETARY OF STATE

FILED .

19 MAR -5 PH 12: 08

O SHAPAONS MAR 05 2015

COVER LETTER

TO: Registration So Division of Cor SUBJECT:	porations Wenner	5 () auro	<u>J</u> ((
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ondence concerning this matter		<u>Q</u>
	2315) ac Tallah Destree	Firm/Company SOL Address City/State and Zip Code City/State and Zip Code Obe used for future annual report notif	353304 247(a) gma
For further information of SI/Name of	concerning this matter, please can be concerned to the concerning this matter, please can be concerned to the concerning this matter, please can be concerned to the concerning this matter, please can be concerned to the concerning this matter, please can be concerned to the concerning this matter.	ng 85077	S - 9// (a)
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

(Name of the Limited Liability Company as 11 now appears on our records.)	<u> </u>
(A Florida Limited Liability Company)	-y
The Articles of Organization for this Limited Liability Company were filed on S100111 Florida document number 19000538.75	and assigned
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 abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	是一
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5 PH IN: 08
B. If amending the registered agent and/or registered office address on our records, enter t registered agent and/or the new registered office address here:	he name of the nev
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
City	Zip Code
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 provisions of all statutes relative to the proper and complete performance of my duties, and I am faceept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if being filed to merely reflect a change in the registered office address, I hereby confirm that the limit company has been notified in writing of this change.	miliar with and f 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 ac or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			Addri
			Remove PLOS Of Change
			Change
			□ Remove
			Add
			☐ Remove
		<u></u>	□ Change
			Add
			□ Remove
			□ Change

•							····-	
				-				_
~		_			-			_
		 		<u>,</u>				_
								
								_
				- -			 	
						 -		_
						•	1 60 6	_
						_ 	芸芸	-57
			···			_	- 10 	
							17 CF 70	0
							TI CHI	: 5
		 .					5 m	5 5 5
				 		· · · · · · · · · · · · · · · · · · ·		_
							•	
								
								
י א מארי						,	•	
If an effective d Note: If the	te, if other than the date is listed, the date in date in this ffective date on the	ust be specific a block does no	and cannot be t meet the ap	plicable statuto	ing or more than 90 ry filing requirer	(option) days after til nents, this d	ing.) Pursuant to	605,0201 listed as
	specifies a delay day after the re			not an effe	ctive time, at	12:01 a .r	n. on the ea	rlier o
Dated	lach	5	20	019				
		10		_ ,				
 ,		Tomain of of	a member or	authorized repres	entative of a memb	ner		
		Signature of			committee of a mental	,		
	1			,	_			

Page 3 of 3

Filing Fee: \$25.00