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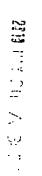
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D SCOTT JUN 1 8 2019

COVER LETTER

TO:	Registration Se Division of Cor	porations			
SUBJ	ECT:	Seans / Name of Lim	rucking LLC ited Liability Company		
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
			ean Doy	le	
			Secus Trudein	وم	23 44
		212	Celery Avenue	DON'L	2
		Jackson doyl E-mail address: (ville Florida City/State and Zip Code CC D 9++. NET to be used for future annual report notifi	cation)	7 X
For fu	ther information c	oncerning this matter, please ca	all:		
	Sean Name o	(Person	at (904) 536 Area Code Daytime	- 1/ Z 8 Telephone Number	_
Enclos	sed is a check for th	ne following amount:			
□ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■\$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status & ?

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

ability Company as it now appears on our records.)
orida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 4,2019 and assigned Florida document number <u>L 190006/098</u> 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 most be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: Enter Florida street 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

<u>Title</u>	Name	Address	Type of Action
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