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DIVISION OF CORPORATION TALL AHASSEE, FLORIDADD

T GLASS MAY 24 2019

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: <u>Nor</u>	th Flor: DR Co	anst AND Viny ted Liability Company	1 440
The enclosed Articles of	Amendment and fec(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Weiner	RADOLOL- Name of Person Firm/Company Her Ely Ti	2019 HAY 2
	North Flo	Firm/Company	vd Way
	9690 Bu	Address	RC 27
	Tallahasse	Eity/State and Zip Code	BGMAIL, COMPA
	Morth 15/0 E-mail address: (1	o be used for future annual report notifi	B GMAIL, COMMO
For further information c	oncerning this matter, please ca	ill:	
2/erso	Person	L at (F-50) Z C 4 Area Code Daytime	~ 3453 Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 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:

TO:

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 Compa (A Florida Limited	comest An	d Ving		_		
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000109314</u>	were filed on	130/201	<u>G</u> and	assigne	ed	
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	oility company here:					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desig	nation "LLC" or the al	obreviation	25 .c.		
Enter new principal offices address, if applicable:			2 = 27 1	₹	:	<u>خار</u>
(Principal office address MUST BE A STREET ADDRESS)				2	<u>~</u> ;	₹ ₹
						۷0
				<u>∓</u> 2:	1	=
Enter new mailing address, if applicable:			• : -	 ——		
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		ir records, <u>enter</u>	the nar	ne of	the ne	<u>w</u>
New Registered Office Address:	Enter Florida	street uddress				
		, Florida				
	City		Zip Co	ode		
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>					
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my provided for in Cha	oduties, and Lam opter 605, F.S. Or	fa <mark>m</mark> iliar , if this a	with a locume	nd	c
If Cha	nnging Registered Agent	, <u>Signature of New R</u>	egistered .	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 = Ma $AMBR = Au$	inager ithorized Member		/
<u>Title</u>	<u>Name</u>	Address	Type of Action
Owner	Werner, RANDOPL	L	
			Remove
			Change
AnBr	TYRONE Stewart	9693 Butter Fly	Add Add
/ <u> </u>		9693 Batte-Fly Tollahosse-, Floris)A	3230℃ □ Remove
			Change
AMBY	PRal, Denmark	9693 Butterfly TI	D Add
		9693 Butter Fly 71 Toll, F1 3230	Remove
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Effective date, if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or mo Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	ore than 90 days after filing.) Pursuant to 605.0207
the record specifies a delayed effective date, but not an effective ti) The 90th day after the record is filed.	me, at 12:01 a.m. on the earlier of
Dated 24, MAY , 2019.	
Signature of a member or authorized representative	of a member
Werner a RNDO/Ph	

Page 3 of 3

Filing Fee: \$25.00