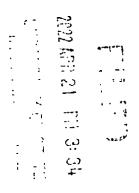
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amend Name Chan

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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Mimis Pot Sen	ACO LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Britt	any Preston Name of Person	
	F(JPPyDORD UC	
	3230 65	oth way cival No	Mh
	St. Per	KISLAND FL 3371(
	E-mail address: 1	n UDAT HOZO CO	\sim \sim
For further information c	oncerning this matter, please ca	alt:	, 75 , 75
Brittany ?	Person	at (<u>U14</u>) <u>598</u> Area Code Daytin	- 1522
Enclosed is a check for t	he following amount		,
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$1 \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C	Section	Street Address: Registration So Division of Co	
P.O. Box 632	•	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

•	ny were filed on and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ibility company here:
FUTQUE LC The new name must be distinguishable and contain the words "Limited Liab	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the abbreviation "L L C"
Enter new principal offices address, if applicable:	443 Central Ave
(Principal office address MUST BE A STREET ADDRESS)	4th floor
	St. Petersloong, FL 33701
Enter new mailing address, if applicable:	3236 Losth Way Circle North
·	St. Peterslava, Fl. 33710
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office	e address on our records, <u>enter the name of the new reg</u> i
agent and/or the new registered office address here:	
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	Enter Florida street address, Florida City Zip Code

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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ffective date, if other than effective date is listed, the ote: If the date inserted incument's effective date of	date must be specifi in this block does	ic and cannot be prior to not meet the applical	o date of filing or more ble statutory filing re	(optional) than 90 days after filing quirements, this date) Pursuant to 605 0207 will not be listed as
record specifies a delayed is filed.	effective date, bu	it not an effective tim	ne, at 12:01 a.m. on t	he earlier of: (b) Th	e 90th day after the
Ancil 15					
ated April 13					
ated April 15	Butto Signature	ny fuota	ized representative of a	ı member	