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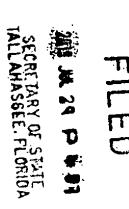
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COVER LETTER

Division of Corp	orations		
SUBJECT:	C Canily	En Lerri S ted Liability Company	ses UC
	TAME OF GREEN	ica Daomiy Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Sason 1	Vino Carceia Name of Person	
	SMC Far	11/4 Entertise	es UC
	65 noods	Address	
	Palm Cast, F	City/State and Zip Code	<u>.</u> _
	Sasons ComPa E-mail address: (10	City/State and Zip Code Only Inc. W. C. Mar. I o be used for future annual report noti	fication)
For further information co	ncegning this matter, please ca	11:	
Sason (D.	at 386 <u>, 5</u> 85	2882 ne Telephone Number
Enclosed is a check for the	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:

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION

OF

Me Family	Enterrises	WFILED
(Name of the Limited Liat (A Flor	ollity Company as it now appears on our rida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability		//6 /sedre tarry of ignore
Florida document number <u>L/9000/726</u>	<u>, </u>	TALLAHASBEE, FLORID
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ac		ecords, enter the name of the
Name of New Registered Agent:	_ 	
New Registered Office Address:		
	Enter Florida stree	t address
<u></u>		, Florida
	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 to comply with 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

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name (Address / / /	Type of Action
MGR Sason Corre	Sasar Correla	65 pardside Dr. Palm Coast, 1-1 32164	D Add
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or removed from our records:

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	Signature of a member	or authorized represe	ntative of a member		
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Filing Fee: \$25.00