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COVER LETTER

Division of Corpor				
suвјест: <u>З (/ee</u>	+Ghs N A Name of Limi	Fruck Ibd Liability Company		
The enclosed Articles of Am	endment and fee(s) are subt	nitted for filing.		
Please return all corresponde	nce concerning this matter t	to the following:		
	Revard To	With Name of Person		
		Firm/Company		
	3730 Ambein	NIE DYNE Address		
	Tampa,	Address FC 53619 City/State and Zip Code		
-	E-mail address: (i	to be used for future annual repo	ort notification)	
For further information conc	erning this matter, please co	all:		
Charles Ju	rson L	at (<u>\$13</u>))	Daytime Telephone Number	
Enclosed is a check for the f	ollowing amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filin Certificate of Certified Co (additional cop	of Status & - opy
Mailing Address:		Street Addr	ress:	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT OT. ARTICLES OF ORGANIZATION **OF**

2 Pheetahs NA buck	<u>Ui</u>	
(Name of the Limited Liability Comp. (A Florida Limited	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L/GODO173544</u> .	were filed on $\frac{\partial 7}{\partial 3}/\frac{\partial 0.19}{\partial 0.19}$ and ass	igned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab:	elity Company," the designation "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:	3730 Ambermist Drive	
(Principal office address MUST BE A STREET ADDRESS)	Tampa + L 336/5	 .
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3730 Ambermist Drive	
B. If amending the registered agent and/or registered office	address on our records, enter the name of the new	w registered
agent and/or the new registered office address here:	AON 02	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	-5
		' >
	, Florida Zip Code	
	z.p com	

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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
The EIN Mumber is New and under Joseph Charles EIN# 854737507
ETN# 8C4232507
T need as 1 ticle 11 For the 140
1 live of in the planting date for the 110
Article / State the effective date for the Lac
I need an Article V For the UC Article V State The effective date for the UC Company Shall be: as some as filing date
' YY)
The Article V is added.
(antional)
E. Effective date, if other than the date of filing:
or all a second and the second
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
$i = l_{i} c_{i} l_{i} c_{i}$
Dated
Signatury of a member of authorized representative of a member
1 (5)
Typed or printed name of signee
When or hymnes many as well-