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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:



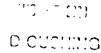


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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	Jnifi Toviny Name of Limi	CINCL MULT: Sevale ited Liability Company	ces, L.L.C	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Rivelin	Name of Region		
	Unifi	TC.v:, y; and [vili]	Somme	
	407	Briery Street	<u> </u>	
	Ov1	City/State and Zip Code		
	E-mail address: (to be used for future annual report notific	cation)	20
For further information c	oncerning this matter, please c	all:		
Name o	f Person	at () Area Code Daytime	Telephone Number	24 :119.9 61 Vid.
Enclosed is a check for the	ne following amount:			ה ה ה
S \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60,00 Filing For Certificate of S Certified Copy (additional copy is	tatus &
Mailing Addres Registration		Street Address: Registration Sec		
Division of C	Corporations	Division of Corr	orations	

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	were filed on July 22, 2619 and assigned
Florida document number L 19000187 058	1 '
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	20
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	un S
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre	ee to act in this capacity. I further agree to comply with th

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

Title	<u>Name</u>	Address	Type of Action
AMER	Riveline Ligene	409 Barry Street	□Add
		Orlanio, FL 32more	Remove
			K Change
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Signature of a member or authorized representative of a member	ated	June 110. 2424.
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