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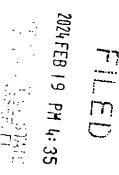
(R	equestor's Name)	 -
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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	gistration Section dision of Corporation				
SUBJECT:	R	on Show Photos	EL AND	eal Esta	of cc
SUBJECT.		OAD Show Photos Name of Lim	ited Liability Company	-XL\	04 (
The enclosed	d Articles of Am	endment and fee(s) are sub	mitted for filing.		
Please returi	all corresponde	ence concerning this matter	to the following:		
		E1(9wort	Name of Person		
			Name of Person		
		<u></u>	Firm/Company		
		(0	2 Cardinel Address	Dr	
		S	City/State and Zip Co	L 3299	<u>िर्दे</u>
	-	Fito (Ic E-mail address: (Orondohas to be used for future ann	ual report notifi	cation)
For further i	nformation conc	erning this matter, please ca			
	Elbiroth	Hults	at (<i>&</i> 02)	238 55	3 0
	Name of Pe		Area Code	Daytime	Telephone Number
Enclosed is	a check for the f	ollowing amount:			
□ \$25.00 I A(rea	Filing Fee dy Paid	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing F Certified Copy (additional copy is	/	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Div P.C	iling Address: gistration Sec vision of Corp D. Box 6327 Ilahassee, FL	porations	Regi Divi The 2415	t Address: stration Sectors of Corp Centre of Ta N. Monroe hassee, FL	orations Illahassee Street, Suite 810

TU:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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:

or removed from our records:	· · · · · · · · · · · · · · · · · · ·	=
MGR = Manager AMBR = Authorized Member		
Title Name	Address	Type of Action

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
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Note: If the	tate, if other e date is listed, te date inserte s effective da	ed in this blo	ock does	not meet	the appl	licable st	of filing or atutory fili	more than 9 ng require	(option of the control of the co	onal) filing.) Pursu date will n	ant to 605.02 of be listed :
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