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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

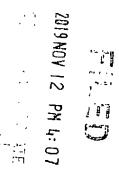


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COVER LETTER

TO: Registration Se Division of Corp)
SUBJECT:	Marne of Lim	ited Liability Company	<u>/</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	arile	$\frac{1}{2}$ $Will,an$	15
	OIM	Name of Person	îLL
	21210	ovporate Sp. F	1/1d Ste 215 Bl&B
	Jucksonvi	Address 32214	7
	+wikwila E-mail address of	City/State and Zip Code Com (cation)
For further information co	Person	at (964) 604 - 97	Felephone Number
Enclosed is a check for th	e 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:

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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

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company) and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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>	<u>Name</u>	Address	Type of Action
CED	Tarik Williams	11970 Iron Creek Dr. Jax, FL 32218	⊠ Add
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			Change
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effective <u>e:</u> If th	e date is liste re date inser	ted in this bloc	be specific and car ck does not mee	t the applicab	date of filing or mele statutory filing	ore than 90 days		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00