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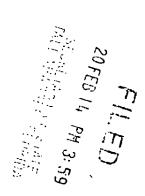
| (Requ | estor's Name) | ··· , , , , , |
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COVER LETTER

| rO: Registration Secti Division of Corpo | on rations | | |
|---|--|---|---|
| SUBJECT: | OGEIS Rame of Limi | ted Lability Company | |
| The enclosed Articles of An | nendment and fee(s) are subi | nitted for filing. | |
| Please return all correspond | ence concerning this matter t | to the following: | |
| | Sucqueline | ROGES Name of Person | |
| | | | |
| | 1309 W | Mww.nd DR. | ivif |
| | Clermont | FL 34711 City/State and Zip Code | |
| | WAROSIST | CRS 20 (Mail, Car) | leation) |
| For further information con | cerning this matter, please ca | | |
| Jac Gueline | Rigers | at (<u>35à</u>) <u>223-3</u> Area Code Daytime | UUG 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) | S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed) |
| Mailing Address: | | Street Address: | |

Mailing Address.
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 TO ARTICLES OF ORGANIZATION OF

iability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on December 30 201 and assigned Florida document number <u>L 2000,000725</u> 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: City

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.

New Registered Agent's Signature, if changing 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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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| Effective date, if other than the date of filing: | (optional) | |
| I an effective date is listed, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing re- | than 90 days after filing.) Pursuant to 605. | .0207 (rd.as.1 |
| document's effective date on the Dep artment of State's records. | equirements, this take will not be raise | |
| | | |
| e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on rd is filed. | the earlier of: (b) The 90th day after | the |
| Dated Feb 14 . 2020 | | |
| 10.5 | | |
| Signature Was member or authorized representative of VCG P IN & RCGP125 Typed or printed name of signee | a member | |
| | | |