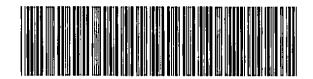
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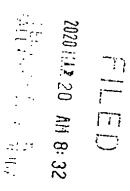
| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Amend

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| SUBJECT: | Name of Lim | ited Liability Company | |
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| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Discourant and all assessment | | to the following - | • |
| Please return all correspo | ndence concerning this matter | to the following: | • |
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| | Reian | Colon Name of Person | |
| | <u> </u> | Name of Person | |
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| | Colon D | acs LLC | |
| | (1) 20) | Firm/Company | |
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| | orlando t | City/State and Zin Code | <u> </u> |
| | 0 | 10716 @amail. Co | |
| | Brian, Color | 10/16 (c) gmail.c | <u>om</u> |
| | E-maii address: (| to be used for future simual report not | incation) |
| For further information c | oncerning this matter, please c | all: | |
| _ | | | |
| Brian 6 | on | at (<u>407)</u> 485 Area Code Daytin | -0761 |
| Name o | f Person | Area Code Daytin | ne Telephone Number |
| | | | |
| | | | |
| Enclosed is a check for the | ne following amount: | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & | ☐ \$55.00 Filing Fee & | ☐ \$60.00 Filing Fee. |
| □ \$2.00 1 mmg 1 cc | Certificate of Status | Certified Copy | Certificate of Status & |
| | | (additional copy is enclosed) | Certified Copy |
| | | | (additional copy is enclosed) |
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| Mailing Addres | s: | Street Address: | |
| Registration 5 | | Registration Se | ection |
| Division of C | | Division of Co | |
| P.O. Box 632 | • | The Centre of | Fallahassee |
| Tallahassee, i | FL 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| The Articles of Organization for this Limited Liability Company Florida document number 4200004795. | were filed on 17 | 1001001 | and assigned |
|---|--|-------------------------|---------------------------|
| 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 design | ation "LLC" or the | abbreviation "L.L.C," |
| Enter new principal offices address, if applicable: | | | 2020 H |
| (Principal office address MUST BE A STREET ADDRESS) | - C. | 7 | |
| | | | 22 |
| : | | | = 171 |
| Enter new mailing address, if applicable: | | | = = = |
| (Mailing address MAY BE A POST OFFICE BOX) | •••• | * | <u> </u> |
| B. If amending the registered agent and/or registered office a | dduose on our noon | do antontho m | |
| agent and/or the new registered office address here: | duress on our recor | us, <u>enter the na</u> | inic of the new registeri |
| | | | |
| Name of New Registered Agent: | | | <u></u> |
| New Registered Office Address: | | | |
| | Enter Florida s. | reet address | |
| | 7 *** · | , Florida | ·r. a. a. |
| New Registered Agent's Signature, if changing Registered Agent: | City | | Zip Code |
| | | | |

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|--------------|-----------------------|----------------|
| MGR | Brian Colon | 1176 conley st 4pt. 3 | 🗆 Add |
| | | orlando FC, 32805 | □Remove |
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| Effective date. | if other than the d | ate of filing: | | | | (optional) | | |
| f an effective date | is listed, the date must be inserted in this bloc | e specific and ca | nnot be prior to o | date of filing or n | iore than 90 c | lays after filing | .) Pursuant to 605. | |
| | ective date on the Dep | | | e statutory turn | grequirem | ins, this date | will flot be fiste | u as i |
| | | | | | | | | |
| | es a delayed effective of | late, but not an | effective time | , at 12:01 a.m. | on the earli | er of: (b) Th | ie 90th day after | the |
| d is filed. | | | | | | | | |
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| Dated | Burn S | | · · · · · · · · · · · · · · · · · · · | | | | | |
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| | Si | gnature of a mer | nber or authoriz | ed representative | of a membe | г | | |
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Filing Fee: \$25.00