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BURGE FAO BRIONS JANK	110,	
Name of	Limited Liability Company	
ne enclosed Articles of Amendment and fee(s) are	submitted for filing.	
lease return all correspondence concerning this made	tter to the following:	
Clasha C	721104	
	Name of Person	
	Firm/Company	
	· initially	
Division of Corporations Division of Corporations Division of Corporations Division of Corporations Name of Limited Liability Company Division of Amendment and fee(s) are submitted for filing. Lease return all correspondence concerning this matter to the following: Division of Person Firm/Company Division of Person For further information concerning this matter, please call: Division of Person Area Code Division Telephone Number Enclosed is a check for the following amount: Securificate of Status Certificate of Status & Certificate Copy readstant copy is enclosed. Certificate of Status & Certificate Copy readstants copy is enclosed.		
Tallamassa	E. FL 32305	
	City/State and Zip Code	
E-mail addre	ss: (to be used for future annual report notif	ication)
For further information concerning this matter, pleas	se call:	
Clasha Galkin	at (85) > 212-12	A39
Name of Person		
Enclosed is a check for the following amount:		
	s Certified Copy	Certificate of Status &
		rtion

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

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

hassee _____, Florida 3230E

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager 4BR = Authorized Member

<u>!le</u>	<u>Name</u>	<u>Address</u>	Type of Action
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 tote: If the date inserted in this block does not meet the applicable statutory filing requiremocument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl is filed.	lier of: (b) The 90	0th day after t
ater Debruary 28 2030		
Signature of member or authorized representative of a memb	let .	
Tasha L. Gallod Typed or printed name of signee	· · ·	