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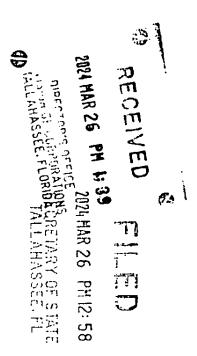
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| Special Instructions to F | iling Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Sec Division of Corp | | | • |
|---|--|---|---|
| SUBJECT: ME | P ALL F Name of Limit | Urose Consted Liability Company | struction LUC |
| The enclosed Articles of A | mendment and fee(s) are sub- | nitted for filing. | |
| Please return all correspon | dence concerning this matter t | o the following: | |
| | Cody | Name of Person | |
| | 32345 | Firm/Company Natural L Address | SECREINAR 26 |
| | Tallabas | Sec FL 32 City/State and Zip Code | 305 PHIS: 58 |
| | | o be used for future annual report notif | ication) |
| Name of 1 | Person | at(850) 782 | 2244 : 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) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl | ection rporations | Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroe | porations |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company | were filed on | and assigned |
|---|------------------------------|---|
| Florida document number | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designati | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | <u>.</u> | 202 |
| (Principal office address MUST BE A STREET ADDRESS) | | 28 = 19 |
| | | ≥> N |
| | | SY P |
| Enter new mailing address, if applicable: | | SO R |
| (Mailing address MAY BE A POST OFFICE BOX) | · | 77 5 <u>5</u> |
| | | _[Γ] Φ |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records | s, <u>enter the name of the new registere</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida stre | et address |
| | | Florida |
| | City | Zip Code |

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:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------|---|--|
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| Effective date, if other than the date of an effective date is listed, the date must be specified. If the date inserted in this block document's effective date on the Department. | cific and cannot be prior t es not meet the applica | o date of filing or more th ble statutory filing req | (option an 90 days after fil uirements, this d | ing.) Pursua | ant to 605 of be list | 5.0207 ed as |
| record specifies a delayed effective date. I | but not an effective tin | ne, at 12:01 a.m. on th | e earlier of: (b) | The 90th | day afte | r the |
| | 2274 - | | | | | |
| Pated March 26th | 202-1-0 | _• | | | | |
| | are of a member or author | | | | | |