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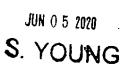
Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---|--|--|---|
| SUBJECT: The Cred | it fairy U Name of Limited Liability Co | Ompany . | |
| The enclosed Articles of Amendment a | nd fee(s) are submitted for filin | ng. | |
| Please return all correspondence concer | rning this matter to the following | ng: | |
| _3 | Nance of Name of | Lucas FPerson | |
| | ne Credit | Fairy Ompany | |
| lole | 05 Sunvis | e lakes B | Jud Suite5 |
| Olern | nort FL City/State an | 34114 ad Zip Code | · |
| Sha | E-mail aldress: (to be used for fi | uture)annual report notification | <u> </u> |
| For further information concerning this | matter, please call: | | |
| Lewis Month | at (L) | a Code Daytime Telepl | hone Number |
| Enclosed is a check for the following a | mount: | | |
| ☐ \$25.00 Filing Fee | cate of Status Certific | Filing Fee & ed Copy nat copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: | | Street 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

207

| (Name of the Limited Liability Company as it now appears on our records.) |
|---|
| (A Florida Limited Liability Company) |
| he Articles of Organization for this Limited Liability Company were filed on 25 200 3 and assigned |
| lorida document number 12000043000 |
| his amendment is submitted to amend the following: |
| . If amending name, enter the new name of the limited liability company here: |
| he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: |
| Principal office address MUST BE A STREET ADDRESS) |
| |
| Inter new mailing address, if applicable: |
| Mailing address MAY BE A POST OFFICE BOX) |
| |
| s. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: |
| Name of New Registered Agent: Shape a lucas |
| New Registered Office Address: 1005 Surise address Enter Florida street address |
| Clay Florida 34714 |

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 Changing Registered Agent, Signature of New 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> | Address | Type of Action |
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| J | | Suite 5 | DRemove |
| | | Clermont, FL 34714 | □ Change |
| MAK | Shaneequalucus | Uplact Sunrise later Blud | DAJd |
| J | | Suite 5 | □Remove |
| | | Clermont, FC 34714 | □ Change |
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| n effectiv <u>ote:</u> If th | date, if other than the date of filing: | |
| ecord sp is tiled. | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day | y after the |
| ted | 5/14. JORO. | |
| | 1 h | |
| · · <u> · · · · · · · · · · · · · ·</u> | Signature of a member or authorized representative of a member | <u> </u> |