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COVER LETTER

TO:

Registration Section

Division of Corporations						
SUBJECT: A.	G. f. C / A Came of Lim	e No Vatous ited Liability Company	<u> 4</u> C			
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspo	ndence concerning this matter	to the following:				
	Montes	Name of Person	ha (C			
	A.6	Firm/Company				
	7	Address Sacola + City/State and Zip Code	eb drive.			
		City/State and Zip Code	7 32504			
	E-mail address: (to be used for future annual report not	CMailicom ification)			
For further information c	oncerning this matter, please c	all:				
850 Name o	485 2872 (Person	at () Area Code Daytin	ne Telephone Number			
Enclosed is a check for th	ne following amount:					
S25.00 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)			
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sc	ection			
Division of C	•	Division of Co	•			
			Fallahassee be Street, Suite 810			
Division of C P.O. Box 632 Tallahassee, I	7	The Centre of	Tallahassee			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ny as it now appears on our records.) Hability Company)	
(A Florida Emined 1.		
The Articles of Organization for this Limited Liability Company Florida document number 420055019	were filed on $\frac{2/3/3}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the new name of the liability of the new name of th		e abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7177 Schwab Persacolas C J 850 485 28	d2 2504 72
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter the n</u>	affice of the new registere
		To B
New Registered Office Address:	Enter Florida street address , Florida	ORIGINAL F.
	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 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
owned	Moster & Southell	Address 7177 Schwab d Persocola Pl. 32504	🗆 Add
MGK			□Remove
			Change
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		****	□Remove
			Change

	
<u></u>	
(If an effective Note: If the	date, if other than the date of filing:
he record spe ord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
Dated	Mart & Sitt
	Signature of a member of authorized representative of a member Munfee & Sanface