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COVER LETTER

10; Registration Division of C			
	Poridian C	o thing LLC ited Liability Company	<u>-</u>
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	,	Name of Person Name of Person Clothing L Firm/Company	igholz LC
	P.O. B.	1 -	
		Ce FL 3 City/State and Zip Code Lothing Q g mail-Co to be used on future annual report notif	20 20 20 20 20 20 20 20 20 20 20 20 20 2
For further information	n concerning this matter, please c	all:	<u>~</u>
a / c	er Emigholz	at (770) 696	-895/ e Telephone Number
	the following amount:		
\$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Add</u> Registration Division of		<u>Street Address:</u> Registration Sec Division of Cor	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 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 Co		and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ted liability company here:				
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "	*LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		<u> </u>			
(Principal office address MUST BE A STREET ADDR.	ESS)	0			
		第二年			
		- C C C C			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		ض <u>کن ک</u>			
		g 0			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>er</u>	iter the name of the new registered			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	City:	. Florida			
	(111	z ij v van			

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

cor removed from our records: MGR = Manager AMBR = Authorized Member Title Address Type of Action <u>Name</u> Christopher P. Enighotz 1103 Fleetwood Un DAdd Fort Pierce Fl 34987 - Remove Tittany Emigholz 1103 Fleetwood (n DAdd

Fort Pierce Fl 34982 DRemove **⊡**Change □Remove □Change

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an effective o	iate is listed, the dat	e must be specific a	and cannot be pri	or to date of filing	or more than 90 day	rs after filing 1 Purs	uant to 605,020
ote: If the ocument's (date inserted in the	hs block does no the Department o	of meet the appi of State's record	ls.	ming requiremen	is, this tate with	The fisher of
record spec	ifies a delayed eff	fective date, but r	not an effective	time, at 12:01 a	ı.m. on the earlier	of: (b) The 90t	h day after the
is filed.							
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ated		Signature of	a member or au	therized represen	ative of a member		

Filing Fee: \$25.00