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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

Please return all correspondence concerning this matter to the following:  Stephene Sue Olsen Name of Person  Later Stephene Sue Olsen  Later Stephene Sue Olsen Name of Person  Later Stephene Sue Olsen  Later Stephene  Later Stephene  Later Stephene  Later Stephene Sue Olsen  Later Stephene  Later	subject:Sto	Chanc Succision Name of Limi	Malestate LC ited Liability Company	
Stephane Sue Olsen  Name of Person  (Data) Pray Corp  Fim/Company  373 ST Tans (rolf D)  Address  ST Augustine FL 3209 2  Chy/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Stephanic Olsen  at (904) 674-5912  Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  2525.00 Filing Fee Status  Certificate of Status & Certificate Copy  (additional copy is enclosed)  Certificate of Status & Certificat Copy  (additional copy is enclosed)				
Firm/Company  And Firm/Company  Address  ST Augustine FL 3009 a  Chy/State and Zip Code  SOUS August and Zip Code  F-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Stephanic Olsen at (904) 674-5912  Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee S00.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is anclosed)  Certified Copy	rielise tetum ali correspond	ence concerning this matter i	to the following.	
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Mailing Address:  Registration Section  Street Address:  Registration Section	Registration Sec		Registration Sec	
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee		porations	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Stophanie sur Osenceal es	tateuc
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) empany)
	1 1
The Articles of Organization for this Limited Liability Company were file	d on 316200 and assigned
Florida document number <u>L20000 8298</u> 6	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	nany here:
	<del></del>
The new name must be distinguishable and contain the words "Limited Liability Compa	ny "the designation "I I C" or the abbreviation "I I C"
The new name must be distinguishable and contain the words. Elimited Datability Compa.	ny, the designation 1970 of the dooreviation 1999.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	Av. 23
	> 17) R
	A See See See See See See See See See Se
Enter new mailing address, if applicable:	SEE SO
(Mailing address MAY BE A POST OFFICE BOX)	
(Mailing dadress MAT BE A FOST OFFICE BOX)	5:
<del></del>	57
B. If amending the registered agent and/or registered office address of	n our records onter the name of the new register
b. If amending the registered agent and of registered office address to agent and/or the new registered office address here:	of our records, enter the name of the new register
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	
•	Enter Florida street 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 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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