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<u> </u>	Address)
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### **COVER LETTER**

TO: Registration Se Division of Cor			
erm mer.	John /	Butle-	
SUBJECT:	Name of Lim	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jel	An But les	
		Butle- LCC Firm/Company	
	· A	Cruz Dr	
	Destin	FC 7254 City/State and Zip Code	<u> </u>
	E-mail address: (	To be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all:	
John B	intle-	at( <i>P5</i> 0_)_59P=	-0355
Name o	f Person		· Telephone Number
Enclosed is a check for the	ne following amount:		
正\$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 Addres	s:	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

John But	/. = U
(Name of the Limited Liability Comp.	any as it now appears on our records: 1912 26 AM 10: 39 Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\angle 2000110302$ .	// ~ ~~~~~~ A IF VITT
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SO2 Very (NLD)  OCSHA FL 3254)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	502-Very (rut 1)/ Dest/h F (3254)
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: 502	Ve/a (/LZ D/ Enter Florida street address
<u>Des</u>	Florida 3254

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>	<u>Address</u>	Type of Action
/h 6/2	John Butler	502 Vera Cruz Dr Destin, FC 3154)	□Add
		Destin, FC 3154)	□Remove
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ecord specifies a c is filed.	elayed effective date, bu	nt not an effective t	ime, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
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ted		A	orized representative of	f a member	