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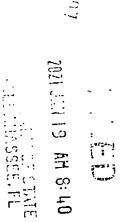
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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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## **COVER LETTER**

TO: Registration : Division of Co			
SUBJECT:	) T MO FORS TRA	anted Liability Company	lo Gishes UC
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	DJIMY	Joseph Name of Person	<u>-</u>
	88405	Firm/Company  W 204 St	
		City/State and Zip Code  2002 C Yohoo. Co to be used for futury annual report noti	29 5m
For further information of $MY$	e-mail address: (concerning this matter, please concerning this matter)		
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_05/. Florida document number <u>L 200 00 /35/35.</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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 **Name** Type of Action DJIMY JOSEPH 8840SN204 St WAdd □ Remove ☐ Change □ Add □ Remove □ Change ☐ Remove \_\_\_\_ □ Change □ Add \_□ Remove \_\_\_\_ Change □ Add □ Remove Change □ Add \_□ Remove \_\_\_\_ 

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Filing Fee: \$25.00