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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Name of Limit	ed Liability Company	16.16
The enclosed Articles of A	amendment and fee(s) are subn	nitted for filling.	
Please return all correspon	dence concerning this matter t	o the following:	
	Name of Limited Liability Combans Articles of Amendment and feets) are submitted for filling. It correspondence concerning this matter to the following: Name of Ferson		
	Tanga	City/State and Zip Code	<u>. 330</u> em
	E-mail address: (to	be used for future annual report notifice	Y V V V V V V V V V V V V V V V V V V V
For further information co		·	
Name of	Person	at (1994) 1954 Area Code Daytime T	Sylf Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status		Certified Copy
Division of Co P.O. Box 6327	ection orporations 7	Registration Secti Division of Corpo The Centre of Tal 2415 N. Monroe	ion Street. Suite 810 Street.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I.	iability Compan	y as it now appears on our records.)
	ity Company v	were filed on <u>like to all all</u> and assigned
This amendment is submitted to amend the following	າ <u>g</u> :	
A. If amending name, enter the new name of the	<u> limited liabi</u>	lity company here:
The new name must be distinguishable and contain the words	"Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A		Morro Mach Harris Paraci Paraci Propone Raci, 11 5200 C
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)		ddress on our records, enter the name of the new registered
agent and/or the new registered office address h	<u>ere</u> :	
Name of New Registered Agent:	· Clare	a how and their
		Emer Florida street address Grant Carrotte Carr
New Registered Agent's Signature, if changing Reg	istered Agent:	AR 2
provisions of all statutes relative to the proper accept the obligations of my position as register	and complete red agent as p istered office	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address. I hereby confirm that the limited liability

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>		Address	Type of Action
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fective date, if other then effective date is listed, the	an the date of filing:			_ (optional)		
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Filing Fee: \$25.00