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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT:	Name of Limited Liability Cor	end LLC	
The enclosed Articles of Amendment an	d fee(s) are submitted for filing	4.	
Please return all correspondence concert	ning this matter to the following	<u>;</u> ;	
	Onathon C	all iste	
	COL Man	REPAIN LL	. 2
_240	E Shore L	d Apt 2	<u> </u>
_6	City/State and	•	
	Conathon (Contain address: (to be used for futu	COIMANT. ( pre annual report notification)	LOM . B
For further information concerning this n		·	
Sonathan (	alliste at 2	12 470 - Daytime Telepho	3048 one Number
inclosed is a check for the following am-	ount:		
<b>№</b> \$25.00 Filing Fcc	ling Fee & [7] \$55.00 Fit are of Status Certified		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		Street Address: Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 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

(QL [/] a	macement LLC
(Name of the Limited Liability Compan (A Florida Limited L.)	<u>(v as it <b>dow</b> appears on our records.)</u> ability Company)
The Articles of Organization for this Limited Liability Company value of Organization for this Company value of Organization for the Organization for this Company value of Organization for Organization for this Company value of Organization for Orga	1.20 200
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company." the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	20
(Principal office address MUST BE A STREET ADDRESS)	The second secon
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1150 NW 72 Ave   ower   Ste. 455 # 6532 Migml, PL 33/26
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:  Name of New Registered Agent:	,
1150	0 M ( 7) A ( )
New Registered Office Address: 1/50  Address: 1/50  Address: 1/50  Reg agent Mia  Change Child  New Registered Agent's Signature, if changing Registered Agent:	Enter Florida street address 46532  Mi, Florida

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Calliste, Brannett	480 NE 29 St	(] Add
		480 NE 29 St Miami, FC 33/37	KIRemove
			• []Add
			!]Remove
			[] []Change
		1 .11	Cichange Cic
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