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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Section Division of Corpogations
SUBJECT: FELLARGE Name of Finnted , sability Company
The enclosed Articles of Amendment and teers) are submitted for filing
Please return all correspondence concerning this matter to the following
Aleksta Starks-Fell Name of Person
FELLAN S - Home Company
10030 Mores have Can
DRIAND FL 32829 City/State and Zip Code
EKLYNSOUSTOP & FELLANGRUC COM  1-mail addiese do be used for future annual report nonticution)
For further information concerning this matter, please call:
Konald Fall at (646) 358 6366  Name of Person at (646) Area Code Daytime Telephone Number
Enclosed is a check for the following amount
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status & Certificate of S

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

Street Address: 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

FELLAR 98 LL	C	
( <u>Name of the Limited Liability</u> (A Florida I.	Company as it now appears on amited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Con Florida document number 12000396430	mpany were filed on $\frac{Q}{r}$	21 - 20 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	od Liability Company," the designa	ntion "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:		707
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
	<u> </u>	
		The state of the s
Enter new mailing address, if applicable:	<del></del>	PH O
(Mailing address MAY BE A POST OFFICE BOX)		
		<b>6</b>
B. If amending the registered agent and/or registered (	office address on our recor	de enter the name of the new registers
B. It amending the registered agent and/of registered agent and/or the new registered office address here:	office address on our record	us, enter the name of the new registere
Name of New Registered Agent:	- 1	
New Registered Office Address:		
	Enter Florida st	reet address
		Florida
	Ciţy	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 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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