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COVER LETTER

TO:	Registration Se Division of Cor		er e	*	*
SUBJE		ductions & Management, LLC			
		Name of Lin	nited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	endence concerning this matter	to the following:		
		Michael Dennis			
			Firm/Company		
		7875 Broken Arrow Trl			
			Address	•	
		Winter Park, FL 32792			
			City/State and Zip Code		
		michaeld1234@hotmail.com		(S)	
For fur	ther information c	oncerning this matter, please c	to be used for future annual report notif all:	ication	
Michae	el Dennis		407 415-2737 at ()		
	Name o	f Person		Telephone Number	
Enclose	ed is a check for th	ne following amount:			
■ \$23	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &

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

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and assigned
LC" or the abbreviation "L.L.C."
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1023
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<u> </u>
27
ter the name of the new registered
<u> </u>
dress
Florida
Zip Code

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:

1

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			
			□ Remove
			□Change
<u></u>		· · · · · · · · · · · · · · · · · · ·	□Add
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			Change

Page 2 of 3

Please reach out if you need any additional information. Thank you. Please reach out if you need any additional information. Thank you. Please reach out if you need any additional information. Thank you. (optional) First date, if other than the date of filing: (rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursus If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not neen's effective date on the Department of State's records. (cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	and Ma					
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90th day after the record is filed.	t be lis					
	e earli					
Mil Signature of a member or authorized representative of a member						
Michael I. Dennis						

Page 3 of 3

Filing Fee: \$25.00