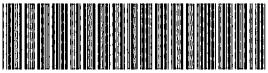
## L20000327831

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(City/State/Zip/Phone #)	
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## **COVER LETTER**

Registration Section

O:

Division of Corp	porations		
GUBJECT:	nantwell L	L C ted Liability Company	<del> </del>
	Name of Earth	ted Elability Company	
The enclosed Articles of a	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Shara	Name of Person	talla
	Cha	ntwell LL	<u></u>
		Firm/Company	Ave, Suite 236
		Address	•
	CHANTW	City/State and Zip Code  E//360 @ G o be used for future annual report not	mail. com
For further information co	E-mail address: (t oncerning this matter, please ca		nneation)
	_	at (305 9	51-0577
Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for th	e 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	X Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, F	orporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on	
Florida document number <u>L20000327</u> 831	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>·e</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	signation "Ll.C" 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:	FIL
(Mailing address MAY BE A POST OFFICE BOX)	77
Training duaress mili DD N 1 001 01 1100 0019	79
	~
B. If amending the registered agent and/or registered office address on our re agent and/or the new registered office address here:	cords, enter the name of the new register
Name of New Registered Agent:	

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.

Cin

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

MGR = Manager AMBR = Authorized Member

<u> Fitle</u>	Name	Address	Type of Action
MBR	Shavain S. Santalla	Address 1257 S. W. 15 St. # 102 Mi Ami 7L. 33145	X\dd
		33145	□Remove
			Change
			□ Add
			□Remove
			200 Change
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			PHGRemove
			:ప్ట □Change
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ective date, if other than the date (	of filing:		(4	optional)	
effective date is listed, the date must be species. If the date inserted in this block do	eitic and cannot be present of meet the app	dicable statutory	or more than 90 days	after filing.) Pursu	ant to 605.02 ot be listed
rument's effective date on the Departm	ent of State's recor	ds.			
cord specifies a delayed effective date, s filed.	but not an effective	e time, at 12:01	a.m. on the earlier o	f: (b) The 90th	. day after t
ed December 14	20	<u>20</u> .			
11009	alla ure of a member or au		tative of a member		
<u> </u>		•			

Filing Fee: \$25.00