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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

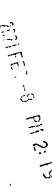




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COVER LETTER

TO:

Registration Section

Division of Corp	orations			
SUBJECT:F	18SIA LIL			
	Name of Lin	nited Liability Company	·	
The enclosed Articles of Amendment and fee(s) are submitted for filing				
Please return all correspon	dence concerning this matter	to the following:		
	HEIN	Name of Person		
		rame of Person		
		Firm/Company		
	3201	Address	<u>· </u>	
	Malceli	City/State and Zip Code		
	E-mail address: (City/State and Zip Code \(\t\frac{t}{1}\) \(\text{T}\) \	i	
For further information cor	cerning this matter, please co			
Je (Wik II C). Name of F	FileC	at (//(//) /- /- / / Daytime	-1477	
Name of F	erson 1	Area Code Daytime	e Telephone Number	
Enclosed is a check for the	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 Address: Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

+-:1.3/1/	Lil		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears of d Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on <u>UU</u>	(111 / 201	20 and assigned
Florida document number 12 1 (11) 12 , 4 4			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here	: :	
_ retribling intitue			
The new name must be distinguishable and contain the words "Limited Liab	bility Company." the desi	gnation "LLC" or the ab	breviation "L.L.C,"
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			A
		· · · · <u> · · · · · · · · · · · · · ·</u>	\ \times_{\tim
			P
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered office	address on our reco	ords, <u>enter the name</u>	e of the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:	-		
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		

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
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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an offe <u>ote:</u>	ve date, if other than the date of filing:
ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
ıted _	toling (i
	Signature of a member or authorized representative of a member
	or a member of a member

Filing Fee: \$25.00