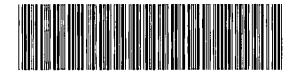
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJ	ECT:	Banjan Name of Limit	nin Exchanted Liability Company	ge LLC
The er	nclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspon	ndence concerning this matter t	o the following:	
			Name of Person	
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			Massy To	
		Tallal	1055 ee /F	-レ 32303
			hen wall annual report noti	
For fu	rther information co	oncerning this matter, please ca	ill:	
1	25 Auna Name o	dra Allen-(of Person	Area Code Daytim	7-2923 ne Telephone Number
Enclo	sed is a check for th	ne following amount:		
Æs	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 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

(Name of the Limited Liability Compar (A Florida Limited L	tx change LLC  nv as it now appears on odr records.)  Tability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1210001023	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabilite Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the abbreviation "L.L.C."  5640 Mossy John Control of Contro
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 180934 Tallahassee, FL 323,
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	City 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 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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