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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Corpo	orations			
SUBJECT: PLANTS	Whoh do Name of Lin	nited Liability Company	·	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Justih Pavis Lihdi	Name of Person  Poors ah  Firm/Company	I prore, LLC	<u>,                                      </u>
	354 SV	Coulumbes Pr		
	Pot Struc	City/State and Zip Code  Of Of Officer Auture annual report notions	fication)	202
For further information con	cerning this matter, please ca		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	-2 -2 -2 
Justil LOZI Name of P	hate	at (772) 26 Area Code Daytim	2-2829- e Telephone Number	23 11 7
Enclosed is a check for the	following amount:		1	<u></u>
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc	us &
Mailing Address: Registration Sec Division of Corp P.O. Box 6327	porations	Street Address: Registration Second Division of Corporate Contraction of The Centre of T	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on o imited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Con	npany were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	HILLY C. S.	
	1 Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
Principal office address MUST BE A STREET ADDRES	<u> </u>	: 2
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nter new mailing address, if applicable:		· 10
Mailing address MAY BE A POST OFFICE BOX)		<u>、 い : で : で : で : で : で : で : で : で : で :</u>
Huming university DE A FOST OFFICE BOX)		
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If amonding the registered and the second second	den .	
If amending the registered agent and/or registered of gent and/or the new registered office address here:	ffice address on our records	s, enter the name of the new regist
order address nere.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		, Florida
	City	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>	Name  Or a Ci	Address	Type of Action
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