

| (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer: |   |
|--|---|
| (City/State/Zip/Phone #)    PICK-UP  | (Requestor's Name)                      |
| (City/State/Zip/Phone #)    PICK-UP  |   |
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:                       | (Address)                               |
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:                       |   |
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| (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  | PICK-UP WAIT MAIL                       |
| (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  |   |
| Certified Copies Certificates of Status  Special Instructions to Filing Officer:   | (Business Entity Name)                  |
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Office Use Only



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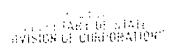
## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |   |   |  |
|--|---|---|--|
| SUBJECT:                               | Name of Limi                                  | ited Liability Company  |  |
| The enclosed Articles of               | Amendment and fee(s) are sub-                 | mitted for filing.  |  |
| Please return all correspo             | ondence concerning this matter                | to the following:   |  |
|  | Courme  | J Brouss Name of Person  Of Services LL  Firm/Company               | <u>C</u>   |
|  | 609 Pria                                      | na Ave.   |  |
|  | Auburnda                                      | le. Florida 33<br>City/State and Zip Code                           | 853  |
|  | E-mail address (1                             | ul @ Sutlait. /om to be used for future annual report notifi        | fication)  |
| For further information c              | oncerning this matter, please ca              | all:  |  |
| Marcus<br>Name o                       | DKOD 1<br>f Person                            | at (863) Lo Co G<br>Area Code Daytime                               | - S & U2<br>e Telephone Number   |
| Enclosed is a check for the            | ne following amount:                          |   |  |
| \$25.00 Filing Fee                     | \$30.00 Filing Fee &<br>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



21 MAR 17 AMIL: DO

|  |   |   | ZIIMITI MITI                        | •             |
|--|---|---|-------------------------------------|---------------|
|  | er vices                                  | LLC   | ···                                 | _             |
| (Name of the Lim   | ited Liability Comp<br>(A Florida Limited | pany as it now appears on of Liability Company) | <u>ur records.</u> )                |               |
|  |   |   |                                     |               |
| he Articles of Organization for this Limited I                                       | Liability Compan                          | y were filed on                                 | 4/hoh/ and                          | assigned      |
| lorida document number <u>L 21000053</u>   | 34  | ·   |                                     |               |
| Total document named   |   |   |                                     |               |
| his amendment is submitted to amend the fol  | llowing:                                  |   |                                     |               |
| a. If amending name, enter the new name  | of the limited lie                        | hility company here                             |                                     |               |
| If amending name, enter the new name   | or the milited ha                         | binty company nere.                             |                                     |               |
|  |   |   | <del></del>                         |               |
| he new name must be distinguishable and contain the                                  | words "Limited Liab                       | oility Company," the designa                    | tion "LLC" or the abbreviation      | "L.L.C."      |
| Inter new principal offices address, if appli  | icable:                                   |   |                                     |               |
| Principal office address MUST BE A STRE  |   | <del>,</del>                                    |                                     |               |
| Tracipul office unaress most be ASTRE  | ET ADDRESS)                               |   |                                     |               |
|  |   |   |                                     |               |
|  |   |   |                                     |               |
| Inter new mailing address, if applicable:  |   |   | <u>,</u>                            |               |
| Mailing address MAY BE A POST OFFICE   | E ROX)                                    |   |                                     |               |
| Author duminess Maria De Francisco   | <u> </u>                                  |   | · · · · · · · · · · · · · · · · · · |               |
|  |   | <del></del>                                     |                                     |               |
| 16   | intound affine                            |   | la antar the name of the            | now rogistor. |
| . If amending the registered agent and/or gent and/or the new registered office addr |   | augress on our record                           | is, enter the hame of the i         | new registers |
| cent and of the new registered office and  | edd Here!                                 |   |                                     |               |
|  | Marli                                     | us okobi  |                                     |               |
| Name of New Registered Agent:  |   |   | <del></del> _                       |               |
| New Registered Office Address:   | 609                                       | Ariana Ave                                      |                                     |               |
|  |   | Enter Florida st                                | eet address                         | _             |
|  | Aubur                                     | ndale   | Florida 33 87                       | 23            |
|  | 110001                                    | City  | , Florida <u>33 K (</u><br>Zip Co   | de            |
|  |   | -   | •                                   |               |

## 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 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 = M $AMBR = A$ | anager<br>uthorized Member |         | PVISION OF C            | :<br>r 13 -5141]<br>TOSPURATION |                    |
|--------------------|----------------------------|---------|-------------------------|---------------------------------|--------------------|
| <u>Title</u>       | <u>Name</u>                | Address | 21 MAR 17               | AM 11: 00                       | Type of Action     |
| Mar                | marcus okobi               | 609 m   | ricina Aug              |                                 | □Add               |
|                    |                            | Auburne | dale, Fl. 3             | 3 <b>8</b> 23                   | *Emovc             |
|                    |                            |         |                         |                                 | □Change            |
| MGR                | Courney Brooks             | 609 Ar  | rana Me                 | •                               | <del>≥ □Ad</del> d |
|                    | •                          | Auburna | icina Bue<br>lale, Fl.3 | 3823                            | □Remove            |
|                    |                            |         |                         |                                 | □Change            |
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| ZI HER I I MILL 99   |  | ter change(s) here: (Attach additional sheets, if necessary) A1100                              |
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| e date, if other than the date of filing: (optional)   | ective date is listed, the date must be speci  | ific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. |
| e date, if other than the date of filing:  |  |   |
| e date, if other than the date of filing:  |  |   |
| tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed  | d specifies a delayed effective date, but led. | out not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after              |
| tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at a seffective date on the Department of State's records.  Specifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after   | ica.   |   |
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