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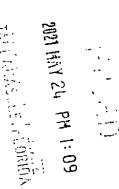
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COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT:	TSR IN Name of Limit	LITHIA ted Liability Company	LLC	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.		
Please return all corresponde	ence concerning this matter t	o the following:		
	Kvister	Robick Name of Person	\auX_	
	ISR_	TO LITH Firm/Company	MA LL	<u>C</u>
	5668 Fisi	HHAWK CRO	seino 1	BLVD #211
	LITHIA, F	FL 335 City/State and Zip Code	547	
	K. ROBICHI E-mail address: (to	AUX @ INFA o be used for future annual	report notification)	<u>m.co</u> m
For further information cond	cerning this matter, please ca	ill:		
KRISTEN Name of Pe	ROBICHAUX erson	at (<u>225</u>) Area Code	335 - 46 Daytime Teleph	242 none Number
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is enc		S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ISK IN	LITHIA LLC
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>しる100010643</u> 5	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5668 Fishhawk Crossing Blvd #211 LITHIA, FL 33547 J
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5668 Fishhawk Crossing Blvd #211 LITHIA FL 33547
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, enter the name of the new registered
Name of New Registered Agent: Kri	sten Robichaux
New Registered Office Address: 5668	Fishhowk Crossing Blvd #211 Enter Florida street address
<u>Li-</u>	hia , Florida 33547 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>	<u>Name</u>	Address	Type of Action
MBR	Ronald J Robichaux	5668 Fishhawk Gossi	Blvd.#21
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record specifies a delayed ef is filed.	fective date, but n	ot an effective	time, at 12:01	a.m. on the ea	rlier of: (b)	The 90th o	iay after	tl
nted May 2	0	. 200	4					
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Filing Fee: \$25.00