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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	unots Dat +	reads U.C.	
	Name of Lin	nited Liability Company	 -
The enclosed Artic	les of Amendment and fee(s) are sub	omitted for filing.	
Please return all co	rrespondence concerning this matter	to the following:	
		Name of Person	
	wats Dot	Firm/Company	
	5889 Su	Address	
		City/State and Zip Code Cod 18 (2) Probable (to be used for future annual report not	
For further informa	tion concerning this matter, please c	rall:	
116	ame of Person	at (ACC) Code Daytin	-3'490 ne Telephone Number
Enclosed is a check	for the following amount:		
t \$25.00 Filing 1	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)
Division P.O. Box	tion Section of Corporations	Street Address: Registration Se Division of Cor The Centre of 7 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

whats DAT treats	. LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Companifordia document number 121000131520	y were filed on $3/15^{-1}$	21 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
New Gow non line and Contain the words "Limited Liab	ility Company." the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	some	207
	-	2023 HAR
Enter new mailing address, if applicable:	some	3 L
(Mailing address MAY BE A POST OFFICE BOX)		SO A U
		9: 2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	• •
Name of New Registered Agent:	Some	·
New Registered Office Address:		
	Enter Florida street addre	198
	, F	lorida 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.

IMIL

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 Title Name Address **Type of Action** NA _____ □Change NB _____ □Remove ______ Change MA ______ 🗆 ____ 🗆 Add ______Remove _____ □Change NA □Add _____BRemove nIN ___ Remove _____ □ Change 118

______ □Remove

	N/B
_	
_	
_	
_	
	date, if other than the date of filing: (optional)
Note: If	ive 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 605,0207 (3)() the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 3's effective date on the Department of State's records.
f the record s ecord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2/25/03 2027
	Signature of a member or authorized representative of a member
	Typed or printed name of signce