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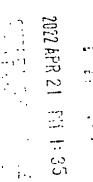
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Name Change

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COVER LETTER

Division of Corporations		
SUBJECT: Carol Charter R		
Name of Limi	ited Liability Company	
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence concerning this matter to	to the following:	
CaroiCh	Name of Person	·
Cavol Ch	avanex ill	
	Firm/Company	
1470 M	ULWOK CIVIL	<u>Q</u>
	City/State and Zip Code	2022
E-mail address: (to	o be used for future annual report notifi	il.con
For further information concerning this matter, please ca	ill:	— ·
Carol Chartier Name of Person	at (<u>QUL)</u> <u>QQ3-C</u> Area Code Daytime	Telephone Number Tol.
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\simega\$ \$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)
<u>Mailing Address:</u> Registration Section	Street Address: Registration Sec	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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

avol Chart (Name of the Limited)	Nev Reacter LLC Liability Company as it now appears on our Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liab Florida document number <u>Laioois84</u>		12021 and assigned 3
This amendment is submitted to amend the follow	ring:	
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET).	ds "Limited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C." MA
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address		enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		, Florida
	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

New Registered Agent's Signature, if changing Registered Agent:

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
			□Add
			□Remove
			Change
			□Add
			□Remove
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fective date, if other in effective date is listed, ote: If the date inserte cument's effective date	the date must be speed in this block doe	citic and cannot be p es not meet the app	plicable statutory t	(option or more than 90 days after fi iling requirements, this c	ling.) Pursuant to 605.0207
ecord specifies a delay is filed.	red effective date, l	but not an effectiv	e time, at 12:01 a.	m, on the earlier of: (b)	The 90th day after the
ned April (0	202	<u>a</u> .		
	(nol	re of a member or a	uthorized representa	tive of a member	-
	Caro	Cham			