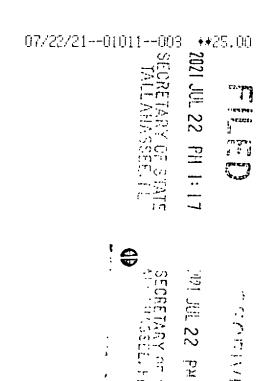
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Badeys	-UNUSCOUNT OF Name of Limited Links	Ovyl Type (<u>Service L</u>	<u>CC</u>
The enclosed Articles of Amendmet Please return all correspondence cor				
M	win Bouley	ame of Person		
<u>130</u>	ileys Lardsce	COMO CONTA	Trac Servi	Cella
<u> 178 S.</u>	1 NW 20"1 ST	Address		_
Fat	<u>Laudordali Flo</u>	NVAC 33311 State and Zip Code		
47100	E-mail address: to be use	amail.con	rt notification)	
For further information concerning	this matter, please call:			
Mayn) Bailey Name of Person		at (954) <u>99</u> Area Code D	1875(4 Daytime Telephone N	uniber
Enclosed is a check for the following	ig amount;		,	
	rtificate of Status	55.00 Filing Fee & Certified Copy additional copy is enclosed	Ce D Ce	.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
Mailing Address: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314		The Centre		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ballous Card Garon Of Civil Trace Script Co LLC.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa Florida document number <u>しみ1000 3034168</u>		od and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		202II
		AH 2
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>ent</u>	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
	res address, if applicable: MUST BE A STREET ADDRESS) Ess, if applicable: E A POST OFFICE BOX) Itered agent and/or registered office address on our records, enter the name of the new registered gistered office address here: City Enter Florida Zip Code City Zip Code	
	•	Zip Code
New Registered Agent's Signature, if changing Registered Agent's		fourth in acress to comply with the
provisions of all statutes relative to the proper and compared the obligations of my position as registered agent	lete performance of my duties, as provided for in Chapter 60	and I am Jamiliar with and 5, F.S. Or, if this document is

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
THIĞĹ	Marin Baloy	2841 NW 200 St Fort Lauderd	A MAdd
<u>.</u>	,	<u>Florida 33311</u>	□Remove
			□Change
			□Add
			□Remove
		TALLA	hange
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Effective date, if other in a effective date is listed Note: If the date inser document's effective d	l, the date must be spec ted in this block doc	rific and cannot be prices not meet the appli	or to date of filing or n cable statutory filir	(opti fore than 90 days afte ng requirements, thi	r filing.) Pursua	nt to 605. t be liste	.0207 (3) ed as the
ne record specifies a delord is filed.	ayed effective date, !	but not an effective	time, at 12:04 a.m.	on the earlier of: (I) The 90th (day after	the
Dated <u>July 23</u>	g not	<u>acal</u>	·				
	(A) Linguistant	/ Will Ull are of a member or au	horized representativ	e of a member			
	* 1	Q i	nied name of signee				

Filing Fee: \$25.00