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COVER LETTER

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.

Unique To Conique			
Mame of the Limited Liability Comp (A Florida Limited	any as it now appears or Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company			and assigned
Florida document number \(\frac{\alpha 1000206271}{\alpha} \)		1	www.assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi			
	nty Company, the design	iation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TAIDE FIL	rebough P 33612	Ve API B
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our record	ds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			÷ .
	Enter Florida sti	vet address	¥
		Florida	(-1
New Registered Agency Standard St.	Ciţv		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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	T
WCY_	Marcus Kirk	1419 E Line Daugh Ave Apt E	Type of Action
		ACGITIC FIFT	2 - 4∆dd
		TCIMPOL F1 33612	Петюче
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			_ ⊐Change
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			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	TON CHANGING MILL MORE FROM HOLDING
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	Mistakes made riben I was filling had the application.
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Note: If t	date, if other than the date of filing: (optional) we 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 x b) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the s effective date on the Department of State's records.
he record sp ord is filed.	ecifies 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	
	Illand Total
	Signature of a member or authorized representative of a member
	Tilliani