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COVER LETTER

Mailing Address:

P.O. Box 6327

Registration Section Division of Corporations

Tallahassee, FL 32314

TO: Registration 9 Division of Co	Section orporations		
SUBJECT:	Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Matasha Sutherland Name of Person Matasha Sutherland Firm/Company ABS Casar Case Dr Apt III Address Orlandor FL SISII City/Natae and Zip Code Hasha Suddly 5515 Egwal.com E-mail address: to be used for future annual reportmentification I meerning this matter, please call: Her land Person at (850) 901-1775 Daytime Telephone Number		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Natas	3ha Sufferlan	el
	Natasha	<u> </u>	LLC
		on Care Or Apt	
	- Orlanda - Orla	8uddy 5515@gv	
For further information c	oncerning this matter, please c	alt:	
Natasta Si	Sherland	75× 001	-1773
Name o	f Person	Area Code Daytim	c Telephone Number
Enclosed is a check for the	ne following amount:		
ZI \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number 12100000 9400 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: ason Core Dr Apt

Enter Florida street address New Registered Office Address:

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.

anging 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>	Name	Address	Type of Action
	le Name		
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n an enec <u>Note:</u> - H	tive date, if other than the date of filing:)207 1 as
e record rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after td.	the
Dated _	Signature of a member or authorized representative of a member	
	Natasha Sutherland	

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