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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| The Articles of Organization for this Limited Liability Company were filed on OS 17/207 and assigned Florida document number 2000 227519 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 ALLY 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 Agent: New Registered Agent: New Registered Office Address: Enter Florida street address Florida | TName of the Limited Liability Compa | any as it now appears on our records.) |
|---|---|--|
| 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) II 9 Powker Cove (+ , Ocoe, FC 5476) Enter new mailing address, if applicable: (Mailing address M.17 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 Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida street address | The Articles of Organization for this Limited Liability Company | 1/2 |
| 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) Line 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: New Registered Office Address: Enter Florida street address | This amendment is submitted to amend the following: | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Linear 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: | A. If amending name, enter the new name of the limited lial | oility company here: |
| (Principal office address MUST BE A STREET ADDRESS) Linear new mailing address, if applicable: (Mailing address MLIY 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 N w Registered Agent: | The new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new mailing address, if applicable: (Mailing address M.1Y 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: | Enter new principal offices address, if applicable: | |
| Enter new mailing address, if applicable: (Mailing address M.1Y 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: | (Principal office address MUST BE A STREET ADDRESS) | 119 Porker Cove Ct. |
| (Mailing address M. LY 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: | | Ococe, FC 34761 |
| (Mailing address M. LY 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: | Enter new multipe address if anylicable | |
| 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: | ••• | |
| Name of New Registered Agent: New Registered Office Address: Emer Florida street address | | |
| New Registered Office Address: Emer Florida street address | | address on our records, enter the name of the new registered |
| Emer Florida street address | Name of New Registered Agent: | |
| | New Registered Office Address: | |
| . Florida | | Emer Florida street address |
| City Zip Code | | , Florida |

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 increby 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

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 Same Type of Action Address AMBR Louise Williams 119 Parker Cove CT Whole Ococe FL 34761 Remove ______ □Change AMBR Daniel Williams 119 Parker Cove CT DAdd Crack FL 34761 PRemove □Add _____ Remove ______ □ Add ______ □Remove _____ Change

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| ote | tive dute, if other than the date of filing: |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the filed |
| ticc | Signature of a member or authorized representative of a member |
| | |
| | Signature of a member or authorized representative of a member |
| | Couise Williams Typed or printed name of signee |