## 121000258559

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TO:

TO: Registration So Division of Co			
SUBJECT:	Scaluff Name of Lim	Eminuing LLC ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Madian	Name of Person	
	-	Firm/Company	
	10226	ny Ford Road,	Ste 107
		FL 32825 City/State and Zip Code	22 
	Scarlette E-mail address: (	City/State and Zip Code  adi 12 4 0 9 may 1 co  to be used for future duntual report noti	TOTZ SEP 16 AM 8: 18  VIANY OF STATE  Fication)  Fication
For further information of	concerning this matter, please co	•	8: I
<u>Hadian</u>	Scallett of Person	at ( <u>321</u> <u>512 -</u> Area Code Daytim	^
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$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)
Mailing Addre Registration Division of C P.O. Box 632	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T	porations Fallahassee
Tallahassee,	FL 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 . 32303

## TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number <u>£2 1000 258 559</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: mited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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: 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.

If Changing Registered Agent, Signature of New Registered Agent

AMBR = A	aanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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