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A. RIVERS

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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: \(\frac{1}{2}\)	Section Same of Lim	ited Liability Company	<u>e King</u>
The enclosed Articles of	f Amendment and fec(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	James	Name of Person	
	l'egasis C	D. Spetch Crop 1 Firm/Company	exiller our
	4042 200	Address CD	Asi- 1411
	0015~00	City/State and Zip Code	
	E-mail address: (i	to be used for future annual report noti	tication)
For further information of	concerning this matter, please co	all:	
Name o	r Cough !	at (ЧСТ) 2.72 Area Code Daytim	2 - ち 2 ら ら ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration 5 Division of C	Section	<u>Street Address:</u> Registration Sec Division of Cor	
P.O. Box 632	-	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number 1-21000313454	were filed on $\frac{-7/8}{2}$ $\frac{2}{2}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	MOM D. M. BOILE DOCK RD
(Principal office address MUST BE A STREET ADDRESS)	AP+1411
	orlando f1 32011
Enter new mailing address, if applicable:	4042 M. CONBECCE RD
(Mailing address MAY BE A POST OFFICE BOX)	Ap+ 1411
	cric~d (13281)
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Come
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	e to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this ducument 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

Title	<u>Name</u>	Address	Type of Action
			[]Add
			{ IChange
			ElAdd
			[]Remove
			E1Change
			[]\/dd
			URemove
			[I]Change
			[] Add
			ElRemove
			ElChange
			CJAdd
			ElRemove
			[]Change
			Stadd
			: IRemove
			C)Change

Effective date, if other than the date of filing: If an effective date, if other than the date of filing: Optionally If an effective 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 Note: If the date inserted in this block does not meet the applicable statutory tiling requirements, this date will not be listed as document's effective date on the Department of State's records. The effective date on the Department of State's records. The 90th day after the red is filed. Signature of a member or authorized representative of a member Typed or printed name of signer.	_	
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