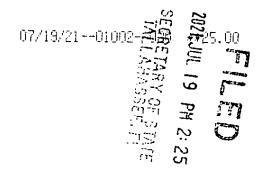
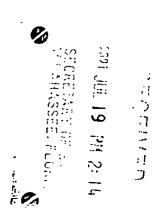


(Requ	estor's Name)	
(Addre	ess)	<u></u>
(Addre		
(City/S	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busin	ness Entity Nan	ne)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer.	

Office Use Only







COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: S	alty Sus	anll	
	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	mery	Name of Person	lan_
	Sulty	Firm/Company	<u>.C.</u>
	580 2 DI	Linais Al	
		Address	_
	NPRF	1 3465.	2
	Sweet (1)	City/State and Zip Code	ort notification)
For further information cor	ncoming this matter, please ca	ill:	
M. Suna Name of I	Person	at (<u>046</u> Area Code [772 5044 Daytime Telephone Number
Enclosed is a check for the	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 Address		Street Addr	P66.

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

Sally Susan	110
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
	2121
The Articles of Organization for this Limited Liability Company	were filed on 07 13 and assigned
Florida document number <u>L216603197</u> 4	-2
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The manufacture of the district of the distric	Pro Company and the state of th
The new name must be distinguishable and contain the words "Limited Liabi	my Company. The designation "LLC" or the abbreviation "LLC.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	27 7
	\$ 5 × 6
	Market State of the Control of the C
Enter new mailing address, if applicable:	-
(Mailing address MAY BE A POST OFFICE BOX)	7 Z S
B. If amending the registered agent and/or registered office a	address on our records, enter the name of the new registeres
agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 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 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>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
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Effective date, i	if other than the da	ate of filing				(op	tional)		
If an effective date i	is listed, the date must b	e specific and	cannot be price	or to date of fi	ling or more tha	in 90 days aft	er filing.) Purs	suant to	605,0207
document's effec	inserted in this block tive date on the Depart	k does not m artment of S	tate's record	icable statute s.	ory filing requ	urements, th	ns date will	not be :	listed as t
	a delayed effective d	late, but not	an effective	time, at 12:0	l a.m. on the	earlier of: ((b) The 90t	h day a	itter the
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