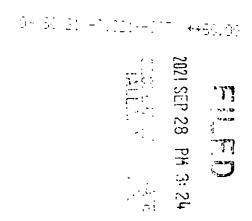
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Sec Division of Corp				17. T.
SUBJECT: A 1	Assets LLC Name of Lim	ited Liability Company		M1 8: 02
	Amendment and fee(s) are sub	_		
		Name of Person CCC Firm/Company		
	7700 Boca		<u> </u>	
	A1 crssets(L) E-mail address: (to be used for future annual report noti	fication)	202! SEP 28
	ncerning this matter, please control of the Person	at (<u>570</u>) <u>807</u> Area Code Daytim	6603	8 PH 3
Enclosed is a check for the	e 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 Filin Certificate Certified C (additional co	of Status &
Mailing Address	<u>.</u>	Street Address:		

Registration Section Division of Corporations

TO:

Registration Section

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

(Name of the Limited Liabili (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u> </u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the	name of the new registered
Name of New Registered Agent:		2:50 TO 13
New Registered Office Address:	Enter Florida street address	
	, Florid	a
	City	Zip C ode

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Xavier Thompson	250 carillon Parkwy	ŒAdd
		Apt 408 St petershing f2 337	<u>7/6</u> □Remove
			□Change
AMBR	Brunden Keelen	250 Carillon Parkway	ŪAdd
		APF 408 St Petersburg FL 33	∏ GRemove
			Change
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<u>e:</u> If	the date	inserted	in this b	lock does	ic and cannot b not meet the	applicable	statutory fi	ling require	ments, this	date will no	ot be liste
ımer	n's effect	ive date	on the I	Department	of State's re	cords.					
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