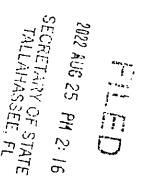


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COVER LETTER

Division of Corpor	rations							
SUBJECT: Gull	Esperde 11	\mathcal{C}						
SUBJECT: <u>Gull</u>	Name of Limit	ted Liability Company	<u> </u>					
The enclosed Articles of Am	nendment and fee(s) are subr	nitted for filing.						
Please return all corresponde	ence concerning this matter t	to the following:						
	Laca A	as a diffe						
	lara A	Name of Person						
	Gull Fi	riends LLC						
		Firm/Company	- -					
	3260 S. KESSLEI Rd.							
	West Mi	Hon OH. 4538 City/State and Zip Code Ats Dyahoo. Co.	3					
	1	City/State and Zip Code	14.5					
	lara.ar na	ats for yanoo. Co.	fication)					
For further information con-	cerning this matter, please ca							
lara Arn	dts	at (<u>937</u>) 417-	1604					
Name of Pe	erson	Area Code Daytim	e Telephone Number					
Enclosed is a check for the f	following amount:							
21 \$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 Address:						
Registration Sec	ction	Registration Section						

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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 I.	iability Compan Torida Limited Li	y as it now appears on or ability Company)	ir records.)		
The Articles of Organization for this Limited Liabil Florida document number <u>LZ100035695</u>	lity Company v			1 and assign	ed
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e <u>limited liabi</u>	lity company here:			
The new name must be distinguishable and contain the words	s "Limited Liabili	ity Company," the designat	tion "LLC" or the ab	breviation "L.L.C	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		17878 From Panama City	t Beach R y Beach, f	<u>d. Unit</u> <u>L. 32413</u>	<u>EL</u> 3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3260 S. H West Milts	sessier R M, DH, 4	d. 5383	
B. If amending the registered agent and/or regi agent and/or the new registered office address h	stered office a nere:	address on our record	ls, <u>enter the nam</u>	e of the new AUC TALL	egistered
New Registered Office Address:	17878	Av ndts Front Beach Enter Florida sto	Rd. Unit	25 PH 2:	
	Panama	Enter Florida sto City Beah	, Florida	Zip Code	

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

New Registered Agent's Signature, if changing Registered Agent:

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 Type of Action Address | Title Name | 3260 S. Kessler Rd. DAdd CEO/MGR Lara M Arnots West Milton, OH. 45383 Remove Change address Mary Anthony Girod AMBR _____ □Change _____ □Remove _____ Change _____ □Remove □Add Remove

□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) _ (optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Lara M. Arma

Typed or printed name of signce