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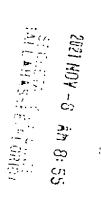
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: STOUT L.L.C Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nicholas Kebles Name of Person
STOUT L.L. C Firm/Company
830 Blackland Terrace Aptilla
Apopka Florida 32703 City/State and Zip Code N/Kebles16 GMail. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Wicholas Kebles at (207) 248-2610 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
✓ \$25.00 Filing Fee Substitute Solution Solutio

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

CTOINT 110

(North Limited	U inhility Company as	it now annears on our	records)	
(Name of the Limited)	\ Florida Limited Liabil	it now appears on our ity Company)	records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L21000 4256</u>	bility Company were	e filed on <u>Sept</u>	38,205	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, <u>enter the new name of t</u>	the limited liability	company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liability C	ompany." the designatio	n "LLC" or the af	Préviation L.L.C."-
Enter new principal offices address, if applical	ble:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	_			8: 55 07: 55
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u> _	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered office address	~ .	ess on our records,	enter the nan	e of the new registered
		ec Kall	a C	
Name of New Registered Agent:		<u>us rebk</u>	2)	
New Registered Office Address:	830 Bla	CKS Kebk CKland Terra Enter Florida stree	<u>Ce Apt</u> 1 address	112
	Apopka	City	Florida	32703 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Katies Shellito	830 Blackland Terrace	□Add
		APT 112 Apopla Florida	ERemove
		32703	□Change
MGR	Nicholas Kebles	830 Blackland Terrore	☑Add
		Apt. 112 Apopka Fbs. 32703	CA Remove
			□ Andd □ Andd □ Refflove
			□Change
			🗆 Add
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	serted in this block d	loes not mee	t the applicat	date of filing or ole statutory fi	more than 90 d ling requireme	ays after filing nts, this date	g.) Pursuan e will not	t to 605.020 be listed a
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