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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Lenith Par	mited Lighility Company
	bmitted for filing.
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matter	
Cartris	Name of Paratin
	Firm/Company
15427	Horad Brush Jr.
Sun Ci	City/State and Zip Code
Combria. E-mail address:	(to be used for future annual report notification)
For further information concerning this matter, please of Name of Person	at (512) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 Liability Comp (A Florida Limited	pany as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Compan Florida document number \(\bigcup_{\frac{1005}{4007}} \)	y were filed on	12/4/2001	_ and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the des	ignation "LLC" or the abbre	viation "L.	L.C."
Enter new principal offices address, if applicable:			2	<u>.</u> .
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	77.
			- S	25 (2.11)
			7	<u> </u>
Enter new mailing address, if applicable:			3	Z
(Mailing address MAY BE A POST OFFICE BOX)			Ö	1.1.
			7	iz.
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our rec	ords, <u>enter the name o</u>	f the new	v register
Name of New Registered Agent:				
New Registered Office Address:	Enter Florid	a street address		
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>l:</u>			
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet				

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□ Remove
			☐Change
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Effective date, if other fan effective date is listed, Note: If the date inserte document's effective date	the date must be specif d in this block does	fic and cannot be price not meet the apple	icable statutory	or more than filing requi	(option 90 days after the second seco	iling.) Pursuant to	o 605,0207 : listed as
e record specifies a delay rd is filed.	ed effective date, bu	at not an effective	time, at 12:01 a	a.m. on the	earlier of: (b)	The 90th day	after the
Dated	Signature	e of a member or aut	horized represen	tative of a me	ember		_
		Mrini	nted name of sign	MD			

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00