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(Requestor's	Name)
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COVER LETTER

TO:	Registration Section Division of Corpor			
SUBJE	ст: <u> </u>	acht Pro C	One LLC ted Liability Company	
		16	in al Cartilia	
		nendment and fee(s) are subr		
Please re	eturn all corresponde	ence concerning this matter t	o the following:	
		Davic	J Bateman Name of Person	<u>-</u>
			Firm/Company	
		20515	W Paul St Address	
		Port St	City/State and Zip Code	153_
		Capt de E-mail address: (1	rate man @ yah co.	CCCCC (action)
For furt	her information con-	cerning this matter, please ea	all:	
	David Name of P	Bateman	at (172) 985-C Area Code Daytime	Telephone Number
Enclose	d is a check for the	following amount:		
d y 5 25	5.00 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: Registration Se	ction	Street Address: Registration Sect	tion

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

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 Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan	ny were filed on <u>O\-\O-</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applicable:	<u>\$</u>	2022
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		S PR SI PR
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	- ,	
New Registered Office Address:		
	Enter Florida street oddress	
	, Florida	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Glenn Ralston	170 22nd Ct	□ Add
		170 22nd Ct Priviera Boach, FL 354i	Remove.
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			□Add
			□Remove
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