L22000068948

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COVER LETTER

TO:

TO: Registration Section Division of Corpo			
SUBJECT:	3 & K Course	cs (1C.	7
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subr	nitted for filing.	
Please return all correspond	ence concerning this matter t	o the following:	
	Albert t	Name of Person	
	<u> </u>	Orriers LLC Finn/Company	
	_5501 Sa	n Diego Ave	
	FOCH Pie	City/State and Zip Code	
	albert, My E-mail address:	es to be amoul com	ication)
For further information con	cerning this matter, please ca	O	! !
Albert Huyes	S J (. erson	at (<u>T)Z</u>) <u>8Z8</u> - Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		_
□ \$25.00 Filing Fee	2530.00 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		Street Address: Registration Sec	
Division of Cor	porations	Division of Cor The Centre of T	
P.O. Box 6327 Tallahassee, FL	. 32314		ananassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5 & Klarners	UC
(A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L. 2000 68 948</u> .	were filed on 2/9/7022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	fility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5501 San Diego Ave
(Principal office address MUST BE A STREET ADDRESS)	Fort Pierce, FL 3494/
Enter new mailing address, if applicable:	5501 San Diego Alle 1
(Mailing address MAY BE A POST OFFICE BOX)	for Pierce, Fr. 34946.
	2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: 5501 S	Enter Florida street address
Firt	Florida 34946
You Desistand Agent's Signature if shanging Desistand Agent	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			□Change
			.: <u>∃</u> Add
			Remove
			□Change
			□Add
			[]Remove
			□Change
			□Remove
			□Change

	-	
		
n effective date is listed, the opter. If the date inserted in		(optional) ng or more than 90 days after filing.) Pursuant to 605.02 y filing requirements, this date will not be listed a
ecord specifies a delayed is filed.	effective date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after th
ned 1/21/20)73	
(Weed Layer). Signature of a inempter or authorized represe	
	Signature of a member or authorized represe	ntative of a member