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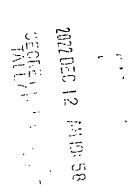
| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Division of Cor | porations | | |
|---|---|--|---|
| SUBJECT: SUBJECT | PROPERT | Y PARTMER 3 Liability Company | SLLC |
| | Name of Limited | a Diability Company | |
| | | | |
| The enclosed Articles of A | Amendment and fee(s) are submi | tted for filing. | |
| Please return all correspon | ndence concerning this matter to | the following | |
| | Sartingo | MCJ/A Name of Person | Cadavid |
| | | Firm/Company | |
| | 12567 NW | MILESTONC Address | PL 34987 12 12 12 12 12 12 12 12 12 12 12 12 12 |
| | Port Sain | City State and Zip Code | 34987 7 |
| | Santing om ej/ | or Cordany i De consequences of the consequenc | mail con = |
| For further information co | oncerning this matter, please call | | ့ တွင် |
| Saution n | 11-11- Codovid | at (786) 557 Area Code Daytime | - 11 19 |
| Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for th | ne following amount: | | |
| ☑ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration S Division of C P.O. Box 632 | Section orporations | Street Address: Registration Sec Division of Cor The Centre of T | porations |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on MARCH, 16 LXL and assigned Florida document number L 220001 32 48 9 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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. Thereby confirm that the limited liability company has been notified in writing of this change.

Cuv

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 |
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