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| (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) |
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COVER LETTER

| TO: Registration Section Division of Corporations | ^ | | |
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| cup mer. | My Priority M | ovement, LL | C |
| Name of Lim | nted Liability Company | | |
| The enclosed Articles of Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspondence concerning this matter | to the following: | | |
| | henry of Person | , | |
| | Self-Lave M | y Priority | movement, u |
| <u>5781 la</u> | re Blued Unit | - 208 | |
| <u>lehigh</u> | City/State and Zip Code | 33971 | |
| E-mail address: | (to be used for future annual report not | guail. On discation) | |
| For further information concerning this matter, please of | call: | | |
| Chem Glule Name of Person | at (234) 204- Area Code Dayii | -9541 me Telephone Number | _ |
| Enclosed is a check for the following amount: | | | |
| □ \$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60, 03 Inst. Cer a Certi, d Copy (additional copy) | Status & F |
| | | | |

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

The Articles of Organization for this Limited Liability Company were filed on Florida document number L 22000 13 9008 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 "L.L.C." 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, I hereby confirm that the limited liability company has been notified in writing of this change.

City

Florida

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 Address Type of Action CEO MGR Cheny Flower 5781 Lee Blvd Vnit 208 Dadi
Lehigh Acres, FL 33971

Change by Adding
MAR

Change # upadHe AMBR. William L Glaver 5781 Lee Blud Unit # 200 monts ____ □Change Britiney D. Murray 5781 lee Blod Unt 20800000 (ehigh Acrés, FL 3397) Remove

| Trainciding an | y other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
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| Note: If the dat | if other than the date of filing: | 0207 (3 d as th |
| the record specific cord is filed. | es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after | the |
| Dated | - Ol Deven | |
| | Signature of a member of anyholized representative of a member | |
| | $\frac{1}{1000000000000000000000000000000000$ | |