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COVER LETTER

TO: Registration Section

Division of Cor	porations		
SUBJECT : ASTA	·	=	, ·
SORPECT: WHIM	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jerman	T Adoms SR	
		Name of Person	
	Malas Lawi	Service LLC	
		A Service LLC Firm/Company Strong St Address FL 33607 City/State and Zip Code An Service 9 mail. com ress: (to be used for future annual report notification) ase call: at (813)	
	Tama Go	27607	
		City/State and Zip Code	
	Mainslawn Sc E-mail address: (rusce agmail. com	tification)
For further information c	oncerning this matter, please c		
Jermain T	Adams SR	at (817) \$45 -	. 7705
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &
/Mailing Addres		Street Address:	
Registration S		Registration Se	
Division of C	-	Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, I	1L 3Z314	2415 N. Monro	be Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mine law S.	110	为
(Name of the Limited	L L C d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	1,338/5/4 H4 81 70
(,	x riolida Ginned Babiniy Company)	8 PF
The Articles of Organization for this Limited Lia	bility Company were filed on	and assigned
Florida document number <u>L 2 2 000 3538 2 6</u>	,	
This amendment is submitted to amend the follow	ving:	
A. If amending name, <u>enter the new name of t</u>	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:	 	
(Mailing address MAY BE A POST OFFICE B	OX)	
B. If amending the registered agent and/or reg		e 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	
	, Flori	da
	City	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 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
<u>AMBR</u>	JermuinT. Adams SR	2327 W. St. concad st	IZ∕Add
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			□ Change
			□Add
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