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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

Division of Cor	porations			
SUBJECT:	labitoble Be	eds LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.		
Please return all correspo	ondence concerning this matter t	o the following:		
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	Calius	Name of Person		
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For further information c	oncerning this matter, please ca	11:	, ,	LUG 29 RETARY
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Calius I	Tudon	at (<u>772</u>) <u>759</u> Area Code Daytimo	- 540m	SES -
Name o	f Person	Area Code Daytimo	e Telephone Number	F737 75 \
				上程!! 3
Enclosed is a check for th	ne following amount:			
∑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filin	g Fee,
_	Certificate of Status	Certified Copy	Certificate of	of Status &
		(additional copy is enclosed)	Certified Co (additional cop	opy py is enclosed)

Mailing Address:

TO:

Registration Section

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 OF

(Name of the Limited Liabit (A Florid	ty Company as it now appears on our record a Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability	Company were filed on July 13,	2377 and assigned
Florida document number <u>L_2_200311-</u>	<u>0.7</u> _	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	ited liability company here:	
The new name must be distinguishable and contain the words "Lit	nited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registero agent and/or the new registered office address here:	d office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	s
		orida
	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
MGR	Calius T Judon	1504 15+n Circle SW	⊠ Add
		Vero Beach, FL 329 UZ	Remove
			Change
ALIBR	Uaia Butle-	4141 lu+n Streat Ap+1	40 TY Add
		VETO BEACH, FL 329UD	□Remove
			□Change
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