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DIVISION DE CONTRATIONS
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COVER LETTER

SURJECT: 16 A	is dancia	.a. 1) c	
<u></u>	Name of Lin	used Liability Company	
TO: Registration Section Division of Corporations SUBJECT: Mass Carry Lability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	
		Firm/Company	
		V V, E	
		Address	
	·	City/State and Zip Code	
		Address City/State and Zip Code E-mail address: (to be used for future annual report notification) ing this matter, please call: at (
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	alk	
Name o	f Person	at () Area Code — Daytii	ne Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee		C \$55.00 Filing Fee &	S60 00 Filing For
V		Certified Copy	Certificate of Status &
		(additional copy is enclosed)	
<u>Mailing Addres</u> Registration 5			ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Monre	oe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- Warso Cla	aning	LC	= <u>-</u>		
(<u>Name of the Limited</u> (/	Liability Company as VFlorida Limited Liabil	<u>it now appears</u> ity Company)	on our records.)		
The Articles of Organization for this Limited Liab Florida document number	323699	e filed on <u>to</u>	7-21-202	2 <u> 2 </u> an	d assigned
A. If amending name, enter the new name of t	he limited liability	company her	<u>e</u> :		
			-		
The new name must be distinguishable and contain the wor	rds "Limited Liability C	ompany," the des	ignation "LLC" or the a	bbreviatio	
Enter new principal offices address, if applical	ole:				DIVIS SE
(Principal office address MUST BE A STREET	ADDRESS)	····		C. C.	1757 405. - 1859
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u></u>			29 AM 1: 57	
B. If amending the registered agent and/or reg agent and/or the new registered office address		ess on our rec	ords, <u>enter the nan</u>	ne of the	e new registerec
Name of New Registered Agent:	_Jose	m	Burite	<u>z</u>	
New Registered Office Address:	2751	Enter Florid	a street address		
	Brons	Đ γ City	Florida	3.2 Zip (<u>C2[</u>

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.

f Changing Registered Agent, Signature of New Registered Agent

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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		Bronson F1, 3262	LL Kremove
			□Change
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