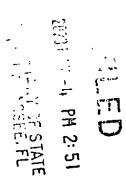
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ation
<u>AMMENDMENTS</u>
<u>X</u> Amendment
Resignation of R.A. Officer/Director Change of Registered Agent
Revocation of Dissolution
Merger
Conversion
Amended and restated Articles
Statement of Authority
REGISTERATION/QUALIFICATIONS
Foreign filing
Limited Partnership Reinstatement
Other

COVER LETTER

TO: Registration Se Division of Cor	ection porations			
SUBJECT:	brrr in	restma	nt.LLC.	
		mited Liability		
The enclosed Articles of	Amendment and fee(s) are su	bmitted for fi	ling.	
Please return all correspo	ndence concerning this matte	r to the follow	ving:	
	Shanr	non S	mith of Person	
			tments LLC	
		Firm/t	Company	
	430%) inreh Ad	lake dr.	
	lake	Wale	s, fl, 338	39
	Turi	City/State b	5, fl, 338 and Zip Code 6 lo bal a 'Yal	160.com
	L-mail address. ((to be used to)	future annual report notification)	
ror turner information co	ncerning this matter, please c	all:		
Shannen	Smith	at (113, 671-98	2.5
Name of	Person	Ar	ca Code Daytime Telepho	one Number
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certifi	Filing Fee & ed Copy nal copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations		Street Address: Registration Section Division of Corporation The Centre of Tallahas: 2415 N. Monroe Street	see

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ED

brrr inv	stmento/LC	70737 Y-4 PM 2:5
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	Y OF STATE
The Articles of Organization for this Limited Liability Comp Florida document number <u>42300003314</u>	j .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited !	iability company here:	
The new name must be distinguishable and contain the words "Limited L	idbility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, enter the i	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	company here: company," the designation "LLC" or the abbreviation "L.L.C." ess on our records, enter the name of the new registered Enter Florida street address
	. Florida	
	City	
New Registered Agent's Signature, if changing Registered Agen	<u> </u>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officempany has been notified in writing of this change.	te performance of my duties, and I a s provided for in Chapter 605 F.S.	m familiar with and
<u>If Ct</u>	nanging Registered Agent, Signature of New	Registered Agent

	ng Authorized Person(s) authorized to made of the description of the d	anage, enter the title, name, and address of	each person being added
MGR = MAMBR = A	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address Ste	Type of Action
MGR	Arielle logan	45 7 Nathan dean blud dan	5 # 9 9 <u>a S</u> □ Add /
		6+	- DKemove
			□Change
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amending any other info	ormation, enter	change(s) her	e: (Attach additio	nal sheets, if neces	ssary.)	
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Tective date, if other than an effective date is listed, the date ote: If the date inserted in the occurrent's affective date on the	e must be specific an its block does not:	d cannot be prior	to date of filing or mo	(option re than 90 days after fi requirements, this o	line) Pursuant to 605	.0207 (ed as t
ocument's effective date on t	ne Department of :	State's records.				
record specifies a delayed eff is filed.	ective date, but no	t an effective tir	ne, at 12:01 a.m. oi	n the earlier of: (b)	The 90th day after	the
nted <u>05/04</u>		, 202				
			inn C	7		
***	Signature of a	receiver or autho	rized representative o	f a member		
		annon	Smith			

Filing Fee: \$25.00