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(Requestor's Name)
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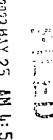
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COVER LETTER

TO:

Registration Section

Division of Corp	orations		
SUBJECT: A	2JLLT ON Name of Limite	LLC Cod Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	O'Neil	Ricordo IX	omas
	Z AZIL	-LION LLC	
		Arvis Street Address	
	Northpor	City/State and Zip Code	<u>8</u>
	E-mail address: (to	e used for future annual report notification)	
For further information co	ncerning this matter, please cal	t :	
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New of Name of	Person	at (678) 437 - 04 Area Code Daytime Teleph	one Number
ridik bi			
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	S60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Solution of Color P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Section Division of Corporation The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 32303	ssee PS S S S S S S S S S S S S S S S S S

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7-47ILLIO	N LLC
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	ility Company were filed on and assigned
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of th	ne limited liability company here:
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:
(Principal office address MUST BE A STREET)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BC) B. If amending the registered agent and/or regi	istered office address on our records, enter the name of the new registered
Name of New Registered Agent:	Neil Ricardo Thomas
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Reg	
provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and ered agent as provided for in Chapter 605, F.S. Or. if this document is gistered office address. I hereby confirm that the limited Tability lange. If 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>	Name	Address	Type of Action
			□Add
			□Remove
			☐Change
			□Add
			□ Remove
			Change
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effective date is li	ther than the date	ecific and cannot be prior to	date of filing or more tha	in 90 days after filing.) Pi	ursuant to 605.0207
e: If the date in:	serted in this block do	ies not meet the applicab	le statutory filing requ	iirements, this date wil	ll not be listed as t
iment's effective	e date on the Departm	nent of State's records.			
	delayed effective date,	, but not an effective time	e, at 12:01 a.m. on the	earlier of: (b) The 9	0th day after the
filed.					
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	Signat	ure of a member or authoriz	zed representative of a n	nemb e r	
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		Typed or printed	name of signee		AM 4: 58

Filing Fee: \$25.00