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COVER LETTER

TO: Registration So Division of Cor SUBJECT:	porations	2 B(eramic(Dating LLC
SUBJECT: 14 / 00	Name of Lim	ited Liability Company	, , , , , , , , , , , , , , , , , , ,
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Stephen Fl	ery Wheeler	
		Name of Person	
		whited Liability Company ubmitted for filing. er to the following:	
	699 Bar	menu rd	
	Tallahasse	20 H/ 3230	04
	aurywheele	City/State and Zip Code 2 2 3 0 1C/0 UC	Com
For further information c	`	·	canony
	Name of Limited Liability Company ticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Stephen Fyery Whelest Name of Person Firm/Company Address Tallahasee Stry/State and Zip Code Query Whelest 3 330 y City/State and Zip Code E-mail address: (to be used for future annual report notification) mattion concerning this matter, please call: Name of Person Area Code Daytime Telephone Number ceck for the following amount: or get S55.00 Filing Fee & Certificate of Status & Certificate Copy (additional copy is enclosed) g Address: Street Address:		
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration S			tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

The Articles of Organization for this Limited Liability Company were filed on __ -23000302124 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 82 of Re new registered B. If amending the registered agent and/or registered office address on our records, enter the hame agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

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
AMBR	Stephen A Wheeler	649 Barmen Res Tallah F1 3230	9 SC
			□Remove
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), it am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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-	
Note:	ive date, if other than the date of filing: \(\) \(\
he recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	<i>\$128/24</i>
	Signature of a member or authorized representative of a member
	Stephen Wheeler
	Typed or printed name of signee

Filing Fee: \$25.00