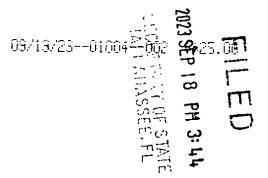
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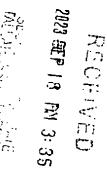
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Special Instructions to F	iling Officer:	

Office Use Only



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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
	Tillionance	Closet LL	
	Name of Line	ited Liability Company	
The suplement Amiles of	Amendment and Server are sub-	united for filing	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bryce Ki	KARSTEY MEE	12
	Tril	Firm/Company	iet_
	9/6	8 Blove Ct.	
		Address	
	TO110010	City/State and Zip Code	313
		City/State and Zip Code	
	MCKSPI	+ COMMIT CO to be used for future annual report notifi	m_
			ication)
For further information c	oncerning this matter, please ca	all:	
		at ()	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	tion.
Registration : Division of C		Registration Sec Division of Corp	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability	Company as it now appears on our records.)
(A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number (2350)	mpany were filed on FMTLS 28,20 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	355)
	55 m
Enter new mailing address, if applicable:	SSEES OF S
(Mailing address MAY BE A POST OFFICE BOX)	TA F
	office address on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Liner Prortag Meet address
	, Florida
	Cuy Zip Code
New Registered Agent's Signature, if changing Registered 2	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 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

Title	<u>Name</u>	Address	Type of Action
Mar	Drice Kyrfister	8168 Bloys C+	S Add
	いんだん」	8168 Plays Ct Tallatussic, FL.	□ Remove
			Change
			□Add
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an effective da lote: If the d		te must be specific his block does n	and cannot be of meet the a	applicable stat			al) ing.) Pursuant to 605.020 ate will not be listed a
record speci Lis filed.	īcs a delayed efi	fective date, but	not an effec	tive time, at 1	2:01 a.m. on the e	arlier of: (b)	The 90th day after the
ated 9/	3128		- ;				
		Bin	1/2/	>	oresentative of a men		
_		Signature c	of a member o	r authorized rep	oresentative of a men	niber	
		\mathcal{C}			of signee		

Filing Fee: \$25.00