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TO: Registration Section Division of Corporations	
())	20011.1 Carrier
SUBJECT: 1 10 1 10 Na	me of Limited Liability Company
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The enclosed Articles of Amendment and feet	s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
	Tulie Clayton Name of Person
	yton Realty Citron
3937	OS Nova Rd Suite 202 Address
Port E-mail	City/State and Zip Code City/State and Zip Code Address: (to be used for future abrual report notification)
For further information concerning this matter	
_ Julie Clayto	at (386) 3110 - 7544
Name of Person Enclosed is a check for the following amount:	Area Code Daytime Telephone Number
\$25.00 Filing Fee S30.00 Filing F Certificate of	Fee & \$\Begin{array}{ll} \$55.00 Filing Fee & \text{Status} & \$Certified Copy
	ŀ
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

COVER LETTER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _____ and assigned 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 wit 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 $60\frac{4}{5}$ F.S. Or, if this document 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 or removed t	Authorized Person(s) authorized to ma from our records:	nnage, <u>enter the title, name, and address (</u>	of each person being adde
MGR = Ma AMBR = Au	anager ithorized Member		<u> </u>
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Stanley Clayton	3930 S Nova	DD = Add
		Site 202	Remove
		Port Drange FU	32197 Change
			□Add
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Effective date. If other than the date of filing: (If in effective date is listed, the date must be specific and camput be prior to date of filing or more than 90 days after filing.) Pursuant to 40.53. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after cord is filed. Dated Signature of a member or author of representative of a member	ther information, enter change(s) here: (Attach additional sheets, if necessary.)
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Qui Clauton	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Signature of a member or authorized representative of a member	Julio Clayton
Lulie Clayton	Julie Clauden
Typed or printed name of signee	Typed or printed name of signee

Filing Fee: \$25.00