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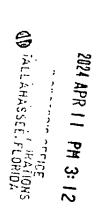
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COVER LETTER

TO:		on Section f Corporations			•	•	
SUBJE	·, : (CT:	Discount Na	AUto me of Limited I	BrdlerS Liability Company	UC		
The en-	closed Articl	es of Amendment and fee(s) are submitte	d for filing.			
Please	return all cor	respondence concerning th	is matter to the	e following:			
		Brit	lany	O(065)	stin_	<u> </u>	
		_ Disc	ount i	Firm/Company	okers	260	
		9048	lem	TUCAC T	cd		
				ty/State and Zip Code Scolles Tolused for future annual		ail.com	7
For fur	ther informa	tion concerning this matter		used for fortife airidal i	eport nouncation)		
B	Citterny	GOSSTIN ame of Person		_ at (<u>737</u>) <u>(</u> Area Code	242 - 3 Daytime Teleph	one Number	;
Enclose	ed is a check	for the following amount:					t f
□ \$2.	5.00 Filing F	ce S30.00 Filing F Certificate of		S55.00 Filing Fee & Certified Copy (additional copy is encl	•	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

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

Street Address: 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 OF

Name of the Limited Liability Co	rokecs LLC	ur records)	
(A Florida Limit	ited Liability Company)	ir records.	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L2400002859</u> 4	pany were filed on	6-24	and assigned
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 I	Liability Company," the designat	ion "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our record	s, <u>enter the name of</u>	the new registered
Name of New Registered Agent:		 	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida str	eet address	·(\
		, Florida	
	City	Z	ip Code

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 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 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
Mangael	Britlany Grosstin	4145 Lonicera Loop	□ Add
		Saint Johns Fl 322	⊃i] □Remove
			[2]Change
MEMBEL	Robert Grostin	4145 LON, CERA LOOP	□ Add
		Scint John FL 377	<u>S</u> Remove
			(□Change
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fective date, if other than the date of filing: \(\frac{1}{2} \)	
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Signature of a member or authorized representative of a member	

Filing Fee: \$25.00