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COVER LETTER . . .

TO: Registration S Division of Co			
SUBJECT:	AVAMB Name of Lim	DM / //	Tepty, Lec
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Benj	amin NAVI	9NE
	NAVAN	Name of Person Name of Person Name of Person Name of Person	Roally, LLC
	2510	W. Cary J	- '/ <u>· </u>
	10mpp	Cipy/Spate and Zip Code	99
	E-mail address: (MAVALLE (to be used for future annual report noti	a (onail con
For further information	concerning this matter, please co	all:	
Ben junia	MALOUE	at ZZ Daytim	10-4423 te Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 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:
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

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	y were filed on	and ass	igned
Florida document number <u>12400 1628</u> 3		7	2 n/
This amendment is submitted to amend the following:	OWA	MARION	EMMA
A. If amending name, enter the new name of the limited lial	BUDDY, LLC		Marian
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	2510 W. GRAY 1 DMPA, Fr 336	59	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the na	meof the M24 APR 15	registered
New Registered Office Address:	Enter Florida street address Florida	AH 10: 52	See D
	City	Zip 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.

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If 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 the record is filed. of a member or authorized representative of a member