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## **COVER LETTER**

TO:

**Registration Section** 

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

Div	ision of Corp	orations				
un iect.		LEMENTS, LLC	NTS, LLC			
SUBJECT:	Name of Limited Liability Company					
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
			Name of Person	<del></del> -		
		Durfee Law Group, PLLC				
			Firm/Company	<del></del>		
		1423 S. Higley Road, Suite	2 127			
			Address	<del></del> -		
		Mesa, Arizona 85206				
		-	City/State and Zip Code	<del></del>		
		admin@durfeelawgroup.com	m to be used for future annual report notif	ication)		
For further in	nformation co	oncerning this matter, please ca		reactor)		
			at ()	: Telephone Number		
	Name of	Person	Area Code Daytime	: Telephone Number		
Enclosed is a	check for the	e following amount:				
<b>≡ \$</b> 25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	iling Address gistration S		Street Address: Registration Sec	etion :		

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Included In	Liability Company were filed on $\frac{05}{2}$	and assigned
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company h	<u>ere</u> :
he 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 appli	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u></u>	
<ol> <li>If amending the registered agent and/or gent and/or the new registered office addr</li> </ol>	•	records, <u>enter the name of the new register</u>
gent and/or the new registered office addr	ess nere.	
Name of New Registered Agent:		
New Registered Office Address:	19908 Front Beach Rd	
	Enter Flo	rida street address
	Panama City Beach	, Florida <sup>32413</sup>
	City	Zip Code

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

GNW SLIPPLEMENTS, LLC

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>	<u>Address</u>	Type of Action
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			□Add
			Change
			□Add
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Effective date, if o	serted in this block	k does not me	et the applicab					
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