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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DYON + POATH BEWORK Name of Limited Liability Company	oral Senices
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Leshe Cobrero. Name of Person	Rivera
Brightpoth Behow	oral Services
18412 Homestead	Ave Apt 209
Micimi, Floride	0. 33157
Lestiecobyercourse (to be used for future and	amal.com
For further information concerning this matter, please call:	
Name of Person RIVEY Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Cop (additional copy)	y Certificate of Status &

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

OY, ON FOOTH Dehovior Services

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

(A Florida Limited Liability Company)

(Control of the Control of the Contr	10/25/2011
The Articles of Organization for this Limited Liability Cor	mpany were filed on 612512024 and assigned
Florida document number <u>LAYOO) 380</u>	044
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	<u>:SS)</u>
Enter new mailing address, if applicable:	
(Maining address MAT BE AT OST OFFICE DOM	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, enter the name of the new registered
New Registered Office Address:	
	Enter Florida street address
	, Florida
No. Online and Assetta Cinestone if shapping Degistant	
	rment is submitted to amend the following: Iding name, enter the new name of the limited liability company here: The must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." principal offices address, if applicable: Office address MUST BE A STREET ADDRESS) mailing address, if applicable: Iddress MAY BE A POST OFFICE BOX) Inding the registered agent and/or registered office address on our records, enter the name of the new registered or the new registered office address here: The Registered Agent: Enter Floridu street address Lip Code Zip Code
provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	Agent: nd agree to act in this capacity. I further agree to comply with the mplete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is d office address, I hereby confirm that the limited liability
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	Agent: nd agree to act in this capacity. I further agree to comply with the mplete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is doffice address, I hereby confirm that the limited liability

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
MUR	Leslie Cobiera	18412 Homestead Ave Apt 229 Michai FC 3315	_ ≅Add
	1 110 0101		□Remove
			Change
			□Add
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ffective date, if other than the data an effective date is listed, the date must be	te of filing:	ha prior to data of f	ling or more than 90 days	optional)	us 605 020
lote: If the date inserted in this block	does not meet the	applicable statut			
ocument's effective date on the Depa	rtment of State's re	ecords.			
record specifies a delayed effective da Lis filed.	ate, but not an effec	ctive time, at 12:0)1 a.m. on the earlier o	of: (b) The 90th day	हिर्देशिक the
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DatedSig	mature of a member	or authorized repre	sentative of a member		-3 MHP: 02