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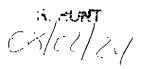
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COVER LETTER

iO: Registration Section Division of Corporations	
SUBJECT:	
Traile of Elithed Elability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jessia Sanile Name of Person	
Firm/Company	
10531 SE 114th AVE	
00010 FL 34472	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
JESSICO SONVILL at (357) C48 (0) Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\begin{align*} \begin{align*} \b	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallabassas PI 20214

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Plorida Limited Liab	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we	ere filed on and ass	signed
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.	IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	**** 423	
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Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
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	11	
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	dress on our records, enter the name of the new	v register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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.

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
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			□ Remove
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ecord specifies a delay is filed.	yed effective date, but no	ot an effective time	, at 12:01 a.m. on the e	arlier of: (b) The	90th day after the
ited		· · —	•		
ated	Signature of	Lanuu	ed representative of a me	mber	