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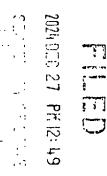
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## **COVER LETTER**

Division of Corpo	orations			
SUBJECT: MOL	Y PONKTON Name of Lin	APRIV PLL nited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
	MOHY	Parkton Name of Person		
	MOINE	Parkton APRN Firm/Company	PLLC	
	49 Derb	Downs Ci	rde_	
	Niwill	e Florida 3 City/State and Zip Code	2578	
	Porkti E-mail address: (	On May J. Go be used for future Innual report notific	ication)	
For further information con	cerning this matter, please c	all:	227	erns rese
MOIL P	avk+on erson	at ( <u>850</u> ) <u>313</u> - Area Code Daytime	9414 P	
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:		Street Address:		

TO:

**Registration Section** 

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

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 L	iability Company as it now appears on our records.) lorida Limited Liability Company)		
The Articles of Organization for this Limited Liabil		and assigned	
This amendment is submitted to amend the followir	ng:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and contain the words  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET A	:	abbreviation "L.L.C."	<del></del>
Enter new mailing address, if applicable:		2024	_
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	or Note	—
B. If amending the registered agent and/or regis agent and/or the new registered office address he		r-	 stered
		i (, <b>9</b>	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
_	, Florida _	Zip Code	
	City .	rip 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
AP	Brian Parkton	49 Derby Downs	□Add
		Circle Niceville, Fl.	DRemove
	<b>A</b> A > 11 .	32578	□Change
MGL	MOLLY Parkton	49 Derby Downs Cin	le cerroi
		Nicwille, Florida	□Remove
		32578	□ Change
MGR	Brian Parkton	49 Derby Downs	©Add
		Circle, Nuille, Florie	la □Remove
		32578	□Change
			□Add
			□Remove
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'an effective da <del>lote:</del> If the d	ite is listed, the dat ate inserted in th	the date of filite must be specific a his block does no the Department of	and cannot be pot meet the ap	rior to date of fili plicable statuto	ng or more than 9		ig.) Pursuant to 60.	
record specif	ies a delayed eff	fective date, but n	not an effectiv	ve time, at 12:0	I a.m. on the ea	rlier of: (b)	The 90th day afte	er the
	cembe	r 9th	<u>, 200</u>	14.				
ated		10-11						
Pated	/	A Signature of	a member or a	uthorized represe	intative of a men	nber		