COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	IECT:		
		Limited Liability Compa	any
Dear	Sir or Madam:		
	nclosed Affidavit by Foreign Limited ging Member(s) and fee(s) are subm		Change Manager(s) or
Please	e return all correspondence concerni	ng this matter to the foll	owing:
	Name of Person		
	Firm/Company		
	Address		
	City/State and Zip Cod	le	
]	E-mail address: (to be used for future	annual report notificati	lon)
For fu	orther information concerning this ma	atter, please call:	
	Name of Person	Area Code and Daytim	e Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING AN Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
	osed is a check for the following and Filing Fee & Certificate of Status	nount: \$55.00 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability compand Department of State is:	y as it appears on the records of the Florida
2. This entity was formed under the laws of	F:
	siness in Florida on er is
4. The name and address of each manager of	or managing member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Required Signature:Signature of Manager,	Managing Member or Member

Filing Fee: \$25