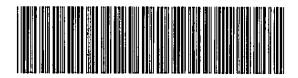
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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
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COVER LETTER

то:	Registration Se Division of Cor			
61:D 10:	2TH DOCS			
SUBJE(CI:		ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		BRUCE VANDERLAAN		
			Name of Person	
		BRUCE H. VANDERLAA	AN, ATTORNEY AT LAW, PA	
			Firm/Company	
		1500 ROYAL PALM SQU	JARE BOULEVARD, SUITE 101	
			Address	
		FORT MYERS, FL 33919		
		BRUCE@BRUCEVANDE	City/State and Zip Code RLAAN.COM	
		E-mail address: (to be used for future annual report notifi	cation)
For furth	ner information c	oncerning this matter, please cr	nll:	
BRUCE	VANDERLAA	V	239 220-3326	
	Name o	f Person		Telephone Number
Enclosed	d is a check for th	ne 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:

TO:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2TH DOCS, LLC	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number	ny were filed on 04/26/05 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited lia</u>	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the nevere</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	ru ca.

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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
AMBR	TREVOR HAMM	1001 SOUTH LOOP BOULEVARD	■ Add
		LEHIGH ACRES, FL 33936	
			□ Remove
			Change
			□ Remove
			☐ Change
			Add
			Remove
		 	□ Change
			Add
			☐ Remove
			Change
			☐ Add
			☐ Remove
			Change
			□ Add
			Remove
			Change

D: If amend	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
<u></u>	
(If an effective Note: If t	ate, if other than the date of filing:
f the record b) The 90	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: h day after the record is filed.
Dated	2019
	Bre Held Attorney for d'attrusless
	SRUCE II VANDERI AAN ATTORNEY FOR THE PARTNERSUP

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00