## L1200061113

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## **COVER LETTER**

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MAILING ADDRESS:

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

(Name of the Limited Liability Compa (A Florida Limited)	PROFIT LLC
(Name of the Limited Liability Compa (A Florida Limited )	iny as it now appears on our records.)  Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $5/2/20/2$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	138 West State Road 434
Principal office address MUST BE A STREET ADDRESS)	138 West State Road 434 Winter Springs FL 32708
Enter new mailing address, if applicable:	138 West State ROON 434
Mailing address MAY BE A POST OFFICE BOX)	138 West State Rood 434 Winter Springs FL 32708
B. If amending the registered agent and/or registered of	Tice address on our records, enter the name of the new
registered agent and/or the new registered office address here	2:
Name of New Registered Agent:	
New Registered Office Address:	
Now Registered Office Address.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agreen or ovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
	AHE IM
. If Chan	ging Registered Agent, Signature of New Bogistered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	lanager Authorized Member  Name	Address	Type of Action
			Remove
			Change
			Remove
			□ Change
			☐ Remove
			□ Change
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			SECRETARY OF STATE ORIO SECRETARY OF STATE ORIO
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tive date, if other than the date of filing:  Greative date is listed, the date must be specific and cannot be prior to date of filing or more than 90 of the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 1 ecord is filed.	12:01 a.m. on the earlie
September 3rd, 2015	
A In the A Product of	er
Signature of a member or authorized representative of a membe	The part of the last of the la
Signature of a member or authorized representative of a membe	28 35
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Filing Fee: \$25.00