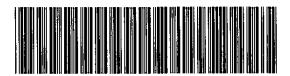


(Re	questor's Name)	
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PICK-UP	TIAW	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

D BRUCE DEC 13 2016

## **COVER LETTER**

Division of Cor	porations				
750 Seina, I	rrc				
SUBJECT.	Name of Lim	ited Liability Company		•	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ndence concerning this matter	_			
	Steven M. Wilsey				
		Name of Person	· · · · · · · · · · · · · · · · · · ·	<del>_</del>	
	Fisher and Wilsey, PA				
		Firm/Company		<del></del>	
	1000 16th St. N				
		Address			
	St. Petersburg, FL 33705			2016 SEC	
	swilsey@fiwi.law	City/State and Zip Code		2016 DEC 12 SECRETARY	
	• -	to be used for future annual report	rt notification)	12 /	
For further information c	oncerning this matter, please ca	all:		A II: CF STATE E. FLORI	
Steven M. Wilsey		727 898-11 at ()	81	: [L 2)(E RIDA	
Name o	f Person	Area Code D	aytime Telephone Numb		
Enclosed is a check for the	e following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	) Certifie	Filing Fee, cate of Status & cd Copy cal copy is enclosed)	

MAILING ADDRESS:

TO:

**Registration Section** 

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

ny as it now appears on our records.) liability Company)	
were filed on 5/6/2013	and assigned
lity company here:	
ity Company," the designation "LLC" or	the abbreviation "L.L.C."
fice address on our records, e	ALLAHASSEE, FLORES A II: nters the name of the new
16/	
Enter Florida street address	
	la.
, FIOFIC	Zip Code
	lity company here:  The company

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 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 **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> \_□\_Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change 2016 Remo 1 Chang Ξ \_□ Add ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change

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		F STATE FLORIDA	_ 0
E. Effective date, if other than the da	ate of filing: 1/1/2017 e specific and cannot be prior to date of filing of	(optional)	. 605 0207 (2 <b>)</b> /I
Note: If the date inserted in this bloc document's effective date on the Department.	k does not meet the applicable statutory f	filing requirements, this date will not be	listed as the
If the record specifies a delayed e (b) The 90th day after the recor		ve time, at 12:01 a.m. on the ea	arlier of:
Dated December 9,	, 2016		
	July a Henry	M	_
8	Mature of a member or authorized representa		
Herrmann & Brothers, LL	C, as Manager, by Jeffrey A. Herrman, M	_	_

Page 3 of 3

Filing Fee: \$25.00