

415000055037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

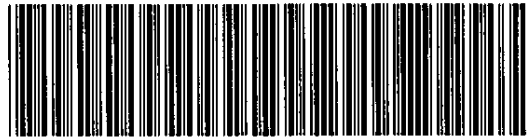
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/18/15--01008--003 **25.00

FILED
15 MAY 18 PM 12:20
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

MAY 20 2015
T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Central Florida Sales LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jon I. McGraw
Name of Person

Schaff Hesse PA
Firm/Company

327 NE 1st Ave, Suite 100
Address

Ocala, FL 34470
City/State and Zip Code

jmcgrawlaw@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jon McGraw at (352) 789-6520
Name of Person Area Code Daytime Telephone Number

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:
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

Central Florida Sales LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
15 MAY 18 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on March 27, 2015 and assigned Florida document number L15000055037

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Central Florida Sales, LLC

The new name must be distinguishable and end with the words "Limited Liability 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)

1183 SE 56th Avenue

Ocala FL 34480

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1183 SE 56th Avenue

Ocala FL 34480

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jon McGraw

New Registered Office Address:

328 NE 1st Ave Suite 100

Enter Florida street address

Ocala

City

Florida

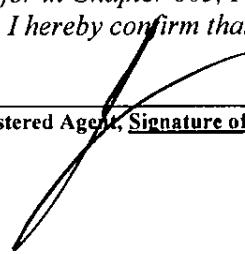
34470

Zip 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 Changing Registered Agent, Signature of New Registered Agent



If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

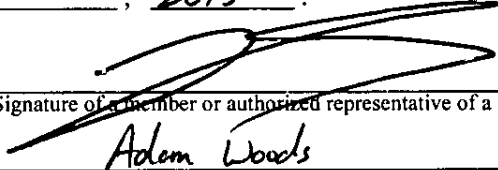
MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jon McGraw	328 NE 1st Ave Suite 100	<input type="checkbox"/> Add
		Ocala FL 34470	<input checked="" type="checkbox"/> Remove
MGR	Rachel Woods	1183 SE 56th Avenue	<input checked="" type="checkbox"/> Add
		Ocala FL 34480	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 5, 2015.



Signature of a member or authorized representative of a member
Adam Woods

Typed or printed name of signee