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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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TO:

Registration Section

Division of Cor	porations		
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SUBJECT: ————————————————————————————————————	Name of Lim	ited Liability Company	
	Amendment and fec(s) are sub	-	
·	, and the second	•	
	Jeannine H	veniken	
		Name of Person	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	14013 Chear	Water have	
		Address	>
	Fa. myers, F	33907	
	jahuen a li	City/State and Zip Code Ve. com to be used for future annual report notif	
For further information c	oncerning this matter, please co		fication)
Jeannine 1	Aueriken	at (239) 281- 41	• 27
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	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)
	ING ADDRESS:	STREET/COURI	
Divisio	ation Section on of Corporations	Registration Section Division of Corpor	
	ox 6327 issee, FL 32314	Clifton Building 2661 Executive Ce	nter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Liability Compania)	y as it now appears on our records. ability Company))
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L15000165967</u> .	vere filed on <u>September 3</u>	<u>14, २०१५</u> and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1338 hafayette	Street-
(Principal office address MUST BE A STREET ADDRESS)	Cape Coral, F	_ 33904
		<u> </u>
		> :
Enter new mailing address, if applicable:	,	÷
(Mailing address MAY BE A POST OFFICE BOX)		
Truing dairess MAT DE ATOST OFFICE BOA		
B. If amending the registered agent and/or registered office address here:		enter the name of the new
Name of New Registered Agent:		
No. 10 Co. 1720 A.H.		
New Registered Office Address:	Enter Florida street address	
	Flor	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	erformance of my duties, and ovided for in Chapter 605, F	l I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>	Address	Type of Action
			□ Add
			□ Remove
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing is document's effective date on the Department of State's records.	(optional) e than 90 days after filing.) Pursuant to 605.0207 requirements, this date will not be listed as
ne record specifies a delayed effective date, but not an effective tin The 90th day after the record is filed.	ne, at 12:01 a.m. on the earlier of
Dated 9/10/18 Sept 10 . 2018 .	

Page 3 of 3

Filing Fee: \$25.00