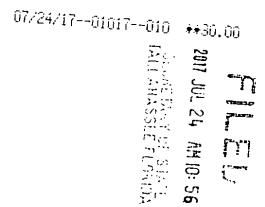
LISCO 192007

(Requestor's Name)
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO:		tion Section of Corpora						
SUBJE	eer.	RA	CE 1.	0 8	SCAPE	= 220	_	
SUBJE	.CI:	1 -, !			ed Liability Comp			
The end	closed Artic	cles of Ame	endment and fee	e(s) are subm	itted for filing.			
Please	return all co	orresponde	nce concerning	this matter to	the following:			
		-		MICH	AEL Name of Per	Son	RISCOLL	,
		-					LLC	
		-				EU DI		-
						i i	FL 34 VD. com	202
				00-	City/State and Zi	ip Code		
		_	F-m	16-16-1	be used for future	e annual report noti	fication)	
For fur	ther inform	ation conce	erning this matt			•		
			_	-				
M	CITAE	<u> </u>	USCOLL		at (_ <i>94</i>	1) 716	- 7001 te Telephone Number	
		Name of Per	son		Area Co	ode Daytin	e Telephone Number	г
Enclos	ed is a chec	k for the fo	llowing amoun	it:				
\$ 2	5.00 Filing	Fee Ì	\$30.00 Filing Certificate o		S55.00 Fili Certified C (additional co		Certified	ite of Status &
			ADDRESS:				IER ADDRESS:	
		Registratio Division of	n Section Corporations			tegistration Section Division of Corpo		
		P.O. Box 6	327		C	lifton Building		
		Lallahasse	e, FL 32314			661 Executive Co allahassee, FL 32		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(ACE	To ESCA		120	
(Name of the Limite	d Liability Company as it A Florida Limited Liability	now appears (Company)	on our records.)	
The Articles of Organization for this Limited Lia Florida document number <u>415020192</u>		iled on	11/16/201	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability co	mpany her	<u>*</u>	
A. It unterioring maine, enter the new maine of	the mined adding to		•	
The new name must be distinguishable and contain the wo	ords "Limited Liability Con	pany," the des	ignation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:			
(Principal office address MUST BE A STREET				
	المار ال			2 P
Enter new mailing address, if applicable:		1		
(Mailing address MAY BE A POST OFFICE E	<u></u>	l i		<u> </u>
		<u> </u>	. <u>.</u>	
B. If amending the registered agent and/oregistered agent and/or the new registered of		ddress on o	our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:	MICHA	£L 5	DEO DI	cal
New Registered Office Address:	10725	Frier Florid	SEO De la street address	nWE
	MICEWOOD CO	PANCH	, Floric	1a 34202 Zip Code
New Registered Agent's Signature, if changing R				
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this of	er and complete perfo tered agent as provid egistered office addre	rmance of n ed for in Ch	y duties, and I apter 605, F.S	am familiar with and . Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

 If amending Authorized Person(s) authorized to manage, enter the or removed from our records: 			title, name, and address of each person being added
MGR = Ma AMBR = Au	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MOR	SHAWN PETERSON	2435	US-19 HWY STE 101 DAdd
		HOLIS	AY FL 34691 MRemove
			☐ Change
MGR	MICHAEL DAIRON	10725	RODED DRIVE BAND
		LAKEWNS	RANCH FL 34202 Remove
			☐ Change
			□ Add
			☐ Remove
		~	☐ Remove →
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			Hemove: 70°
			□ Change

). If ame	ending any other information, enter change(s) here: (Atta	ch additional sheets, if necessary.)	
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(If an ef Note:	ive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior to date of If the date inserted in this block does not meet the applicable state tent's effective date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605 utory filing requirements, this date will not be listed	.0207 (3)(b) ed as the
	cord specifies a delayed effective date, but not an efe 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlie	er of:
Dated	miles 5	IALL AR	90
	Signature of a member or authorized rep	resentative of a member	(2000)
	MICHAEL S. D.	riscour 55	₽ Ţ
	Typed or printed name of	of signee	8 1 ±
		5.5 5.6	•
	Page 3 of 3		

Filing Fee: \$25.00