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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

COVER LETTER

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Division of Co	rporations		
SUBJECT:	440 H	OLDINGS, LLC	
	Name of Lim	ited Liability Company	
		•	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Larry E. Black	
		Name of Person	
		Firm/Company	
		, ,	
		Address	
		Fort Pierce, FL 34982	
		·	
	E mail address: (-	ication)
For further information	concerning this matter, please co	Larry E. Black Name of Person Firm/Company 440 South Market Avenue Address Fort Pierce, FL 34982 City/State and Zip Code edblackcbc@aol.com Idress: (to be used for future annual report notification) Ilease call: at (772 at (772 Daytime Telephone Number) & \$55.00 Filing Fee & \$60.00 Filing Fee,	
	E. Black	772 216-4304	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

		440 HOLDIN	GS, LLC			
	Name of the Limited (A	Liability Compan Florida Limited L	y as it now appears ability Company)	on our records.)	 	
The Articles of Organization fo	r this Limited Liab	ility Company v	were filed on Dec	ember 7, 2016	and as	signed
Florida document number	*					
This amendment is submitted to		ing:				
A. If amending name, enter t	he new name of th	e limited liabil	ity company her	<u>e</u> :		
	440 South M	arket, LLC				
The new name must be distinguishabl	e and contain the word	s "Limited Liabili	y Company," the des	ignation "LLC" or th	e abbreviation "I	.L.C."
Enter new principal offices ad	ldress, if applicabl	le:				
Principal office address MUS						
Enter new mailing address, if	applicable:					
Mailing address MAY BE A P	OST OFFICE BO	<u>(X)</u>			· · · · · ·	
B. If amending the register		_		our records, <u>ent</u>	ter the name	of the ne
egistered agent and/or the ne	w registered office	<u>e address here</u>			TAL Si	
					ECE LA	5
Name of New Registe	red Agent:				± 6 6	1. · · ·
New Registered Office	e Address				SS	Killer James C.
Translation Cities	Pridares.		Enter Florid	la street address		
				, Florida	77	
	-	<u> </u>	City	, FIORIGA	Z > Zip Code	Name of Street
New Registered Agent's Signatu	re, if changing Reg	istored Avent:			<u>5</u>	

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

MGR = M $AMBR = A$	Anager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
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n eft ote:	ve date, if other than the date of filing: cotive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after a lift the date inserted in this block does not meet the applicable statutory filing requirements, this ent's effective date on the Department of State's records.	iling.) Pursua		
The	ord specifies a delayed effective date, but not an effective time, at 12:01 a. 90th day after the record is filed.	.m. on the	e earl	ier c
ated	DECEMBER 20 th , 2016. Range. Black Signature of a member or authorized representative of a member			
	Xan Black			
	Signature of a member or authorized representative of a member	·· - ··· · · · · · · · · · · · · · · ·		

Page 3 of 3

Filing Fee: \$25.00