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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Amend

MAR 28 2019 I ALBRITTON

COVER LETTER

TO: Registration Sec - Division-of Cor			
	ORTHWEST FLORIDA, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	AMY TOWNSEND		
		Name of Person	
	MEAD LAW & TITLE		
		Firm/Company	
	24 WALTER MARTIN RO	OAD NE, SUITE 201	
		Address	
	FORT WALTON BEACH	I, FL 32548	
	E-mail address:	City/State and Zip Code O Y UNET TYM - COM to be used for future annual report notific	eation)
For further information c	oncerning this matter, please ca	all:	
AMY TOWNSEND		at () 243-3135 Area Code Daytime	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

ARTI	CLES OF O	RGANIZATION	F1
	О	F	20/9:
RJD OF NORTHWEST FLORIDA,			20/9/1/2: 15 PH 2: 36
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our re dability Company)	cords.): <36
The Articles of Organization for this Limited Lia Florida document number			and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company." the designation	"LLC" or the abbreviation "L.L.C."
Catanana mining officer address if applicables		110 EGLIN PARKWAY	SE
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	FORT WALTON BEACH	1, FL 32548	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		110 EGLIN PARKWAY	SE
		FORT WALTON BEACE	1. FL 32548
			ords ontor the name of the new
B. If amending the registered agent and/oregistered agent and/or the new registered of	or registered of <u>Tice address her</u>	e:	ords, effet the name of the new
Name of New Registered Agent:	VINCE BRUN	ER	
New Registered Office Address:	110 EGLIN PA		
		Enter Florida street a	ddress

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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.

FORT WALTON BEACH

Cirv

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
MGR	BRUNER, VINCE	110 EGLIN PARKWAY SE	
		FORT WALTON BEACH, FL 32548	□ Remove
			Change
MGR	DEMMON, DEBORAH W	601 MOONEY ROAD	
		FORT WALTON BEACH, FL 32547	■ Remove
			Change
			□ Remove
			Change
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ote:	re date, if other than the detive date is listed, the date must if the date inserted in this blocant's effective date on the Dep	ck does not meet i	ine applicante s	of filing or more t latutory filing rec	(option: han 90 days after fili quirements, this da	al) ng.) Pursuant to 605 ate will not be liste	.0207 ed as
e rec The	ord specifies a delayed 90th day after the reco	effective date rd is filed.	, but not an	effective time	e, at 12:01 a.m	n. on the earlie	er of
ated _	MARCH	1d	-2019	-			
/		Signature of a memi	ber or authorized	representative of a	member	_	
(//		HN S. ME				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00