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(Red	questor's Name)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

то:	Registration Sec Division of Corp		P	
enn ie	ROANOKE	ELLC		
SUBJE	<u> </u>	Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub-		
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Matthew G. Curbow		
			Name of Person	
			Firm/Company	
		P.O. Box 2633		
			Address	
		Salem, Virginia 24153		
		mgcurbow@icloud.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For furt	her information c	oncerning this matter, please ca	all:	
Willian	n D. Clements, Es	sq.	239 436-1509 au ()	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$25	5.00 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 Addres	<u>ss:</u>	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2010, 11, 15 71 9: 23

Roanoke LLC			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited I	Liability Company	were filed on March 21, 20	and assigned
forida document number L03000010403			
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited lia	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation	"L.I.C" or the abbreviation "L.IC."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
			<u></u>
Enter new mailing address, if applicable:		P.O. Box 2633	
Mailing address MAY BE A POST OFFICE	BOX)	Salem, Virginia 24153	
3. If amending the registered agent and/or agent and/or the new registered office address.		address on our records, <u>e</u>	nter the name of the new regist
Name of New Registered Agent:	William D. Cl	ements	
New Registered Office Address:	2425 Tamiam	Trail N., Ste. 211	
		Enter Florida street a	ddress
	Naples		, Florida <u>34103</u>
		City	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 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>	<u>Address</u>	Type of Action
MGR Matthew G. Curbow	Matthew G. Curbow	P.O. Box 2633	≣ Add
		Salem, Virginia 24153	□Remove
			□Change
			□Add
		Remove	
			□Change
			□Add
			□Remove
			Change
			□ Add
			Remove
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Note:	ce date, if other than the date of filing:
the record cord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated_	May 29 . 2020
	Signature of a member or authorized representative of a member
	Roy A. Curbow
	Typed or printed name of signee

Filing Fee: \$25.00