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| (Cit | ty/State/Zip/Phone | e #) | | | |
| PICK-UP | MAIT | MAIL | | | |
| (Bu | siness Entity Nan | ne) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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SECRETARY OF STATE
NIT AHASSEF, FLORIDA

COVER LETTER

| TO: | Registration Section Division of Corporation | ons 3 | * | | ì |
|---------|----------------------------------------------|--------------------------------------------|------------------------------------------------------------|------------------------|---------------------------------------------------------------------|
| SUBJE | E C T: | Linda D. S | Schoonover, LLC | | |
| | | Name of Limit | ed Liability Company | | |
| The en | closed Articles of Amend | ment and fee(s) are sub | mitted for filing. | | |
| Please | return all correspondence | concerning this matter | to the following: | | |
| | | V | Villiam D. Carley, Jr. | • | _ |
| | | | Name of Person | | _ |
| | | Lino | la D. Schoonover, LL | .c | |
| | | | Firm/Company | | _ |
| | | 1301 S In | ternational Pkwy Su | ite 1041 | |
| | | | Address | | - |
| | | L | ake Mary FL 32746 | | |
| | | · * · · · · * | City/State and Zip Code | | - |
| | | do | carley48@gmail.com | | |
| | | E-mail address: (to | o be used for future annual repo | ort notification) | |
| For fur | ther information concerni | ng this matter, please ca | all: | | |
| | William D. | Carley, Jr | at (_407.) | 8653810 | |
| | Name of Person | | Area Code & | Daytime Telephone Numb | er |
| Enclose | ed is a check for the follo | wing amount: | | | |
| \$25 | | 0.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is en | nclosed) Certifie | iling Fee, eate of Status & ed Copy onal 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 OF

| <u> inda D. Schoonover, LLC</u> | <u> </u> | | |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------|--|
| d Liability Company as it now apper A Florida Limited Liability Company) | ars on our records. | | |
| Liability Company were filed on | April 10,2003 | and assigned | |
| | | | |
| llowing: | | | |
| of the limited liability company he | ere: | | |
| | oany," the designation "LI | LC" or the abbreviation | |
| icable: | *** | | |
| ET ADDRESS) | | ; <u> </u> | |
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| <u></u> | <u>س</u> در | <u> </u> | |
| |) | 0 | |
| | | | |
| 9 | our records, enter th | e name of the ne | |
| | | | |
| William D. Carley, Jr | | | |
| 111 Hunters Tr | | | |
| Enter Florida street address | | | |
| Longwood | , Florida | 32779 | |
| City | | Zip Code | |
| | A Florida Limited Liability Company Liability Company were filed on | A Florida Limited Liability Company Liability Company were filed on | |

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Månager '

MGRM = Managing Member **Type of Action Title** Name **Address MGRM** Linda D. Schoonover ☐ Add 111 Hunters Tr Remove Longwood FL 32779 Eric C. Schoonover MGRM √ Add 111 Hunters Tr Longwood FL 32779 Remove Add Remove Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member William D. Carley, Jr. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00