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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 ; (727)442**-**1200 Phone : (727)443-5829 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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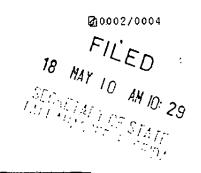
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MAY 1 1 2018

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



HIGHWAY 19 NORTH, L.L.C.	and the second s	•
(Name of the Limited Liability Con (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparition of the Limited Liability Comparition of the Liability Comparitio	any were filed on 6/20/2003 and a	ssigned
This amendment is submitted to amend the following:		
A. If amending name, coter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "	'L.L C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
	, ,	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		e of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	TN2.1-	
	, Florida City Zip Coa	ie

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

Title	<u>Name</u>	Address	Type of Action
MGR	Betty Carol DeVilbiss	9422 Lake Christina Lane	⊟ Add
		Port-Richey, Fij 34668	□ Remove
			☐ Change
MGR	Christine Trousdale	9 Timber Hill Road	¥ Add
		Cromwell, CT 66416	□ Remove
			☐ Change
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record specifies a delaye The 90th day after the re	ed effective date, cord is filed.	but not an effect	ive time, at 12:	01 a.m. on the earlier
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