Florida Department of State

Division of Corporations Blectronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160001150313)))



H180001150313ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6303

From:

: DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BCZARTH, P.A. : 076077001702 Account Name

Account Number : (407)841-1200 Phone

Pax Number : (407)423-1831

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

Zneil Address: jim@jchartman.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MEARS LEASING, LLC

Certificate of Status	0
Cartified Copy	1
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 1 0 2016

Y SULKER

5/9/2016

(((H16000115031 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEARS LEASING, LLC		
(Name of the Limited Linbility Company (A Florida Limited Lin	As it now appears on our records.)	
The Articles of Organization for this Limited Liability Company w	rere filed on 09/30/2003	and assigned
Florida document number L03000037257		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
·		ं के
		全部 基 下。
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on our records,	(A) (C)
The state of the s		ms ≥ m
Name of New Registered Agent:		
New Registered Office Address:		RRC 2
TOTAL PROPERTY OF THE PROPERTY	Enter Florida strest address	
	, Flori	
	City	Zip Code

Now 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 Now Registered Agent

Page 1 of 3

(((H16000115031 3)))

(((H16000115031 3)))

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>	Name	Address	Type of Action
MORM	ROBERT O. SCHLYTTER	P.O. BOX 540024	
•		ORLANDO, FL 32854	Remove
٠.,			□ Change
MORM	JAMES C. HARTMAN	P.O. BOX 540024	
		ORLANDO, FL 32803	■ Remove
			Change Remove
MGR	JAMES C. HARTMAN	P.O. BOX 540024	Add
		ORLANDO, FL 32854	П Кеточе
			☐ Change
			Add
			Remove
			Add
		· · · · · · · · · · · · · · · · · · ·	
			Remove
			☐ Change

(((H160001150313)))

	-
(-
	-
	-
; · · · · •	- ਨ
	MAY
	9
Ç,	À
(/ - 1	2 한
	_
	-
	-
	TOP ST

Page 3 of 3

Filing Fee: \$25.00 (((H16000115031 3)))