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(Re	questor's Name)	
	 	
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COVER LETTER

TO:	Registration Se Division of Cor			
CUDI	STEVE HE			
SUBJ	ЕСТ:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		ARTHUR I. JACOBS	(904) 261-3693	
			Name of Person	
		JACOBS SCHOLZ & WY	LER, LLC	
			Firm/Company	
		961687 GATEWAY BLVI		
			Address	
		FERNANDINA BEACH,	FL 32034	
		sheadinc@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For fu	rther information co	oncerning this matter, please ca	all:	
Steve	Head		904 556-1905 at ()	
	Name o	f Person		e Telephone Number
Enclo	sed is a check for th	ne following amount:		
= \$2	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:

TO:

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

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L05000005505</u> .	were filed on January 19, 2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)		
		¥s 20
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		11 071
		
B. If amending the registered agent and/or registered o	ffice address on our rec	ords enter the same of the
registered agent and/or the new registered office address her		orus, emer-the name or the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
		, Florida
	City	Zip Code

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

STEVE HEAD, LLC.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a 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 bein or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
AMBR	Matthew A. Head	2841 Circle St., East Jacksonville, FL 32216	_ ■ Add
			Remove
			□ Change
AMBR	Douglas W. Head	732 Kingfisher Way Fernandina Beach, FL 32034	■ Add
			□ Remove
			Change
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ocument's effective date on the De	partment of	î State's reco	ords.						
e record specifies a delayed The 90th day after the reco	effective ord is filed	date, but d.	t not an (effective	ime, at 1	.2:01 a	m. on t	the ea	rlier
June 26		2019	7 - / *						

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Filing Fee: \$25.00