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COVER LETTER

	gistration Se vision of Cor						
ehid iuztr.		nd Washington Group, LLC					
SUBJECT:	Name of Limited Liability Company						
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	n all correspo	ndence concerning this matter	to the following:				
		Heidi S. Webb					
			Name of Person	 -			
		Law Office of Heidi S. We	ebb				
			Firm/Company				
		140 South Beach Street, Ste. 310					
							
		Daytona Beach, Fl. 32114					
		City/State and Zip Code					
		heidisuewebb@yahoo.com					
		E-mail address: (to be used for future annual report notif	leation)			
For further	information e	oncerning this matter, please ca	all:				
Heidi S. W	ebb		386 257-3332				
	Name o	f Person	at () Area Code Daytime	: Telephone Number			
Enclosed is	a check for th	ne following amount:					
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

 $f_{ij} = -1$.

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

raukner and wasnington Group, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on September 2, 2005	and assigned
Florida document number L05000087161		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS	2	701 TAL
		- F
Enter new mailing address, if applicable:		22 S 1
(Mailing address MAY BE A POST OFFICE BOX)		9 A []
		<u> </u>
B. If amending the registered agent and/or registered	d office address on our records ex	;> · · ·
registered agent and/or the new registered office address		itel the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my duties, and I as provided for in Chapter 605, F.S.	am familiar with and Or, if this document is

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>	Address	Type of Action
MGRM	Diane Lapham	301 Faulkner Street	Add
-		New Smyrna Beach, FL 32168	■ Remove
			Change
MGRM	Diane Lapham, Trustee of the Lapham Family Revocable Trust	2552 Tomoka Farms Road	
		Port Orange, FL 32128	Remove
			☐ Change
			Add
			Change
<u>_</u>		<u> </u>	
			☐ Remove
			□ Change
			Remove
			Change
			
			Remove
			□ Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ote:	ce date, if other than the date of filing:
The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated _	11/7 . 2019. HENNIN
	Signature of a member or authorized representative of a member
	HEIDI NEBG TO BAR 73958 Typed or printed name of signee

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Filing Fee: \$25.00