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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

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The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RESOURCE GAINESILLE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	y were filed on SEPTEMBER 13, 200	5 and assigned
Florida document number		語語 る
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	<u>bility company here</u> :	
RESOURCE LEVY, LLC		
The new name must be distinguishable and contain the words "Limited Liab	nility Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	302 N. MAIN STREET, SUITE B	
(Principal office address MUST BE A STREET ADDRESS)	TRENTON, FL 32693	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	302 N. MAIN STREET, SUITE E TRENTON, FL 32693	3
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
*· ***********************************	Enter Florida street address	_
	City	Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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	date, if other than the date of filing:	
	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste	
	t's effective date on the Department of State's records.	
is filed.		tne
ated	July 28 2020.	
	O La V onev	
	July 38 John Signature of a member or authorized representative of a member DOUGLAS K. MCKOY Typed or printed name of signee	
	, DOLICIAS K MCKOV	
	DOUGLAS K. MICKUY	

Filing Fee: \$25.00