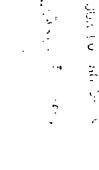
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	Division of Co				€,	
TRACY WATERS Name of Person		CKS STATESBORO, LLC				
Please return all correspondence concerning this matter to the following: TRACY WATERS Name of Person TNT ENT. INC. of STATESBORO Firm/Company 607 BRANNEN ST. #6A Address STATESBORO, GEORGIA 30458 City/State and Zip Code tnttracy@bulloch.net E-mail address: (to be used for future annual report notification) Por further information concerning this matter, please call: TRACY WATERS 1912 489-9009 at (OBJECT:	Name of Lim	ited Liability Company			
TRACY WATERS Name of Person TNT ENT. INC. of STATESBORO Firm/Company 607 BRANNEN ST. #6A Address STATESBORO, GEORGIA 30458 City/State and Zip Code Inttracy@bulloch.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TRACY WATERS 1 912	he enclosed Articles o	Amendment and fee(s) are sub	mitted for filing.		• •	
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(additional copy is enclosed) Certified Copy (additional copy is enclosed)	\$25.00 Filing Fee			Certificate of Certified Co	of Status &	

MAILING ADDRESS:

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

HENDRICKS STATESBORO, 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	were filed on	and assigned
Florida document number L05000112846		
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	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	607 BRANNEN ST. #6	A
(Principal office address MUST BE A STREET ADDRESS)	STATESBORO, GEOR	GIA 30458
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida Zip Code
N. B. J. J. J. G.		Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duti provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is
If Chai	nging Registered Agent, <u>Sig</u> n	ature 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>	<u>Address</u>	Type of Action
MGR	ROBERT H. HENDRICKS	2207 SAWGRASS VILLAGE DRIVE	
		PONTE VEDRA BEACH, FLORIDA 32082	■ Remove
			☐ Change
MGR	TRACY WATERS	607 BRANNEN ST. #6A	■ Add
		STATESBORO, GEORGIA 30458	□ Remove
			Change
			
			🗆 Remove
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an effectiv ote: If th	ve date is liste the date inser		e specific and k does not m	cannot be prior cet the applic	able statutory	or more than 90 o		ursuant to 605.0207 Il not be listed as t
record The 90	d specifies Oth day af	s a delayed e ter the recor	effective da d is filed.	ate, but no	it an effecti	ve time, at 1	2:01 a.m. or	the earlier of
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00