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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Patterson Development Group LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Chad Patterson Name of Person Patterson Development Group L Firm/Company	<u></u>
450 S. Geronino St. Unit Address	
Mirana Beech FL 3253  City/State and Zip Code  Chadnat @gmail.com  E-mail address: (to be used for future annual report notification	on)
For further information concerning this matter, please call:	
Chad Pattors at (850) 499-71  Name of Person Area Code Daytime Tele	enhane Number (5. 15.2
Enclosed is a check for the following amount:  \$\times \text{25.00 Filing Fee}  \text{30.00 Filing Fee & }  \text{\$\text{\$\text{\$\text{25.00 Filing Fee}}} \text{\$\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitit{\$\text{\$\text{\$\text{\$\$\text{\$\text{\$\text{\$\texi\\$\$}\exit	LAHASSEL THE S60.00: Filling Fee,
Certificate of Status Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER A	ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

tatterson bevelopment	- Group LLC
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	1 / ~
Γhis 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)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	CO B
New Registered Office Address:	ST CONTRACTOR OF THE PARTY OF T
	Enter Florida street address
	City S Zip Code
New Registered Agent's Signature, if changing Registered Agent:	0A 55

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 Title **Address Type of Action** Name James E. Youngblood 201 Mars LN WAdd

JR. Defuniak Springs FL Rem ☐ Change James E. Youngblowd III 957 B street Crestview FL 32536 ☐ Change □ Add ☐ Remove ☐ Change Change-জ <u>৺</u>□ Add ☐ Remove ☐ Change 

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Filing Fee: \$25.00