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## **COVER LETTER**

Division of Corporations		•	,
SUBJECT: Patterse	n Develop	ed Liability Company	LLC
The enclosed Articles of Amendme	ent and fee(s) are subm	nitted for filing.	
Please return all correspondence co	ncerning this matter to	o the following:	
	_	Name of Person	
	atterson	Development G	TOUP LLC
		enic Gulf (	
	Mirano	Beach F City/State and Zip Code  Vat @ gmail o be used for future annual repor	6 32550
	E-mail address: (to	Vate gmail	t notification)
For further information concerning			
Chad Patterson	\	at (\$50) 40	9 - 7111
Name of Leison		Alea Code 15.	syume reseptione rountizer
Enclosed is a check for the following	ng amount:		
<del>-</del>	.00 Filing Fee & ertificate 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

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 ARTICLES OF ORGANIZATION

Patterson Development  (Name of the Limited Liability Compan (A Florida Limited Liability Compan  (A Florida Liability Compan  (A Florid	- Group (	our records.)
The Articles of Organization for this Limited Liability Company of Florida document number		18/7006 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the design	ation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
		2 PH
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	reet address
		Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

## 1

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Joseph Pike	Santa Rosa Buch FL 32459	bX^Add
		Santa Rosa Buch FL	□ Remove
		32459	Change
		<del></del>	Remove
			Change
			SE Add
			Domova
		3	Change
			Remove
			Change
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E. Effectiv	ve date, if other than the date of filing:
(If an effec	ective 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.
	If the date inscrted in this block does not meet the applicable statutory filing requirements, this date will not be liste ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
If the reco	90th day after the record is filed
If the reco (b) The 9	90th day after the record is filed.
(b) The 9	
(b) The s	9001 day after the record is filed.
(b) The s	
(b) The 9	

Page 3 of 3

Filing Fee: \$25.00