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SECRETARY OF STATE
ALL MASSEE FLORIDA

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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
CUD IF CT.	3742 NOVA, LL	С	
SUBJECT:	Name of Limit	ted Liability Company	
	Amendment and fee(s) are sub-	_	
Please return all correspo	ondence concerning this matter	to the following:	
	G. Larry Sims		
		Name of Person	
	Doran, Sims, W	olfe & Ciocchetti	
		Firm/Company	
	1020 W Internati	onal Speedway Blvd	
		Address	
	Daytona Beach,		
	lsims@doranlav	City/State and Zip Code	
	_	to be used for future annual report notif	fication)
For further information of	concerning this matter, please ca	all:	
G Larry Sims		at () 253-1111 Area Code Daytime	
Name o	of Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate 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)
Regist Divisi P.O. B	AING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corporn Clifton Building 2661 Executive Ce Tallahassee, FL 32	n rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

3742 NO	OVA, LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com- Florida document number <u>L06000044038</u> .	pany were filed on 04/27/2006	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_	<u></u>
Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere egistered agent and/or the new registered office address		enter the name of the
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street address	
	Enter Florida street address , Floric	da

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.

> 2016 If Changing Registered Agent, Signature of New Registered Agent ∞ Page 1 of 3 U

If afnending 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>	Name	Address	Type of Action
MGR	D ANDREW CLARK	5111 RIDGEWOOD AVE, #201	
		PORT ORANGE, FL 32127	■ Remove
			Change
AMBR	3742 NOVA MM, INC	5111 RIDGEWOOD AVE, #201	A dd
		PORT ORANGE, FL 32127	☐ Remove
			☐ Change
_			Add
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