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#### TO: Registration Section Division of Corporations

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#### WARREN FAMILY HOLDINGS I LLC

SUBJECT:

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:

Michael E. Warren

Name of Person

#### WARREN FAMILY HOLDINGS I LLC c/o AMJ Inc. of Gainesville

Firm/Company

502 NW 16th Avenue, Suite 1

Address

Gainesville, FL 32601

□ \$30.00 Filing Fee & Certificate of Status

City/State and Zip Code mewarren@amjinc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 2 352 37 at (\_\_\_\_\_) \_\_\_ 375 - 4600 Michael E. Warren Name of Person Area Code Daytime Telephone Number **ل**ب .= Enclosed is a check for the following amount:

Enclosed is a check for the following amor

■ \$25.00 Filing Fee

\$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: 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

#### WARREN FAMILY HOLDINGS I 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 L06000048456	

This amendment is submitted to amend the following:

## A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

## 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)		چې، .	
		د.	
B. If amending the registered agent and/or registered of	ffice address on our records,	enter the name	<u>e of the n</u>
registered agent and/or the new registered office address her	<u>e</u> :	2	; • 1
		<del>.</del> '	
Name of New Registered Agent:			
		ر	
New Registered Office Address:			
	Enter Florida street address		
	, Flo	rida	
	City	Zip Cod	e

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

# MGR = Manager

AMBR = Authorized Member

Title	Name	Address	<u>Type of Action</u>
MGRM	Michael E. Warren	502 NW 16th Avenue, Suite 1	🗆 Add
		Gainesville, FL 32601	🖬 Remove
		······································	Change
MGRM	PHYLLIS P. WARREN	502 NW 16th Avenue, Suite 1	🖸 Add
		Gainesville, FL 32601	Remove
			Change
MGR	Michael E Warren	502 NW 16th Ave, Ste 1	🖻 Add
		Gainesville, FL 32601	C Remove
			Change
MGR	Phyllis P Warren	502 NW 16th Ave, Ste 1	🖬 Add
		Gainesville, FL 32601	Remove
			Change
			Q,Add
			Remove,
			Change.
			ني. Add
			Remove
			Change

D. If almending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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ve date, if other than the date of filing:	(optional)
	× *
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

June 9 ated	2018	
	Marta Menter	
	Signature of a member or authorized representative of a member	
VGabaal IZ Warra		
Michael E. Warrer		
·	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00