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Division of Corporations

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Account Name : LAW OFFICES OF JOHN E MOORE, III, PLLC

Account Number : 120140000039 Phone : (772)234-8344

Fax Number : (772)234-8339

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
520 SASCO HILL ROAD, LLC

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18:35 John E. Moore, Attorney at Law 12/20/2019 (((H19000367069 3))) COVER LETTER Registration Section TO: **Division of Corporations** 520 SASCO HILL ROAD, 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: John E. Moore, III Name of Person c/o Law Offices of John E. Moore, III, PLLC Firm/Company 3240 Cardinal Drive, Suite 200 Address Vero Beach, Florida 32963 City/State and Zip Code jmoore@moorelawvero.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael D. Roy Name of Person Daytime Telephone Number

Enclosed is a check for the following amount: ..

≅ \$25.00 Filing Fee

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Mailing Address:

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

Street Address: Registration Section

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

520 SASCO HILL ROAD, LLC			
(Name of the Limited Liability Com (A Florida Limite	mpany as it now appears on our records.) ed Liability Company)		
The Articles of Organization for this Limited Liability Compa Florida document number L06000089986	any were filed on September 13, 2006 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Li-	ability 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)			
	THEC 20		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, enter the name of the new registe		
Name of New Registered Agent:			
New Registered Office Address:			
THOSE AND	Enter Florida street address		
	, Florida		
	City Zip Code		
New Registered Agent's Signature. If changing Registered Age	<u>nt:</u>		
provisions of all statutes relative to the proper and comple	as provided for in Chapter 605, F.S. Or, if this document is		

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	Name	Address	Type of Action
MGRM	Vose, James B. Co-Trustee	c/o Law Offices of John E. Moore, III, PLLC	□Add
		3240 Cardinal Drive, Suite 200	■Remove
		Vero Beach, FL 32963	□Change
MGRM	Dawson, Jonathan Co-Trustee	c/o Law Offices of John E. Moore, III, PLLC	
		3240 Cardinal Drive, Suite 200	Remove
•		Vero Beach, FL 32963	□ Chánge
MGR	Vose, James B.	c/o Law Offices of John E. Moore, III, PLLC	a Add
		3240 Cardinal Drive, Suite 200	□Remove
		Vero Beach, FL 32963	□ Change
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	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effect	Sive date if other than the date of Oline:
(If an ei <u>Note:</u> docum	five date, if other than the date of filing: [Sective 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 605,0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as them?'s effective date on the Department of State's records.
he recor ord is fi	d 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 led,
Dated	DOCUMBIA 20 , 2019 .
	À P >
	Jans D. Vn
	Signature of a marriber or authorized remarentarity of a member
i	Signature of a momber or authorized representative of a member

Filing Fee: \$25.00