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JUN 27 2018

COVER LETTER

TO: Registration Division of	n Section Corporations		
Group 2 SUBJECT:	2610 LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Michael E. Warren		
		Name of Person	
	Group 2610 LLC c/o AMJ	Inc. of Gainesville	
		Firm/Company	
	502 NW 16th Avenue, Suit	te I	
		Address	
	Gainesville, FL 32601		
	-	City/State and Zip Code	
	mewarren@amjinc.com		
For further information	er-mail address: (to on concerning this matter, please ca	o be used for future annual report notif	rication)
	m concerning this matter, please ca		
Michael E. Warren		352 375 - 4600 at ()	
Nan	ne of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	or the 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)
<i></i>			
Reg Div P.O	AILING ADDRESS: gistration Section ision of Corporations Box 6327 lahassee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Certallahassee, FL 32.	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Group 2610 LLC	
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.) Lability Company)
The Articles of Organization for this Limited Liability Company	were filed on 10/06/2006 and assigned
lorida document numberL06000098386	
This amendment is submitted to amend the following:	
x. If amending name, enter the new name of the limited liabi	ility company here:
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	مس
Principal office address MUST BE A STREET ADDRESS)	· ·
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nter new mailing address, if applicable:	The state of the s
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Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	-
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

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, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Michael E. Warren	502 NW 16th Avenue, Suite 1	
		Gainesville, FL 32601	■ Remove
			Change
MGR	Michael E Warren	502 NW 16th Ave, Ste 1	■ Add
		Gainesville, FL 32601	□ Remove
			Change
		.	Remove
			Change
			Add
			□ Remove
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			Add
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	<u> </u>		🗖 Add
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te: If the date inserted in this block does not meet the app				
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record specifies a delayed effective date, but	not an effect	ive time, at 12:0)1 a.m. on the	e earlier o
he 90th day after the record is filed.				
June 19 2018 ted	$\overline{}$			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00