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(Re	questor's Name)		
(Ad	dress)	<u> </u>	
(Ad	dress)		
(Cit	y/State/Zip/Phone	#)	
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SECRETARY OF STATE
AND AHASSEE FLORID

COVER LETTER

Division of C			
SUBJECT: 70		LLC_ ited Liability Company)	······································
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Russ 7	(Name of Person)	
	TUSKAWIC	(Firm/Company)	
	<u>/32/ sc</u>	(Address)	
	ORLAWOO,	FC 32708 (City/State and Zip Code)	
For further information	concerning this matter, please c	all:	
	FERSOORF c of Person)	at (407) (99-00 (Area Code & Daytime?	Celephone Number)
Enclosed is a check for	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)

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 TQ ARTICLES OF ORGANIZATION OF

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SECRETARY OF STATE TALLAHASSEE FLORIDA

TUSKAWILLA (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 _ Florida document number 40 70000 55 797 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 end with the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address) (City) 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 608, F.S. Or, if this document is

(If Changing Registered Agent, Signature of New Registered Agent)

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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
Morn	PHILLIP S. WILLIAMS	1321 SUNDIAL PT. WINTER SPANNES FL. 32708	Add Remove
- Marine - Laborator - Company - Com			Add Remove
	 .		Add Remove
			Add Remove
	*****		Add Remove
			AddRemove
D. If amen	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	÷. 0
_			D8 OCT 30 AMII
 Dated	OCT /3 +5 , ZOO		AHII: 16
	Signature of a member of	Hearber Tushwills III LLC rauthorized representative of a member	
	Typed or	printed name of signee	Allo HH LLC

Page 2 of 2

Filing Fee: \$25.00