## 107000109981

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## **COVER LETTER**

TO: Registration Se Division of Con						
Gator Subs	s Vision, LLC					
50000001.	Name of Lim	aited Liability Company		****		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Scott C. Andrews					
		Name of Person				
	Andrews Law Office, LLC					
	2225 Central Ave., Ste. 4	Firm/Company				
		Address				
	Columbus, IN 47201					
	scott@sandrewslaw.com	City/State and Zip Code		<del> </del>		
	E-mail address: (	to be used for future annual	report notifica	tion)		
For further information of	concerning this matter, please co	all:			201	<b>3</b>
Scott C. Andrews		812 66 at ( )	9-0473		- ABO	
Name o	of Person	Area Code	Daytime To	elephone Number		
Enclosed is a check for the	he following amount:					5
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee 2 Certified Copy (additional copy is end		□ \$60.00 Filing Certificate of Certified Con (additional cop	of Status & 🗢	**
MAIL	ING ADDRESS:	STREET	r/courier	ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gator Subs Vision, LLC			
(Name of the Limi	ted Linbility Company as it now a (A Fiorida Limited Liability Comp	pppears on our records.) pany)	
The Articles of Organization for this Limited L	iability Company were filed o	October 30, 2007	and assigned
Florida document number L07000109981	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability compa	my here:	
The new name must be distinguishable and contain the	words "Limited Liability Company,	" the designation "LLC" or the a	<u> </u>
Enter new principal offices address, if appli-	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		<u> </u>
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			2 P
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE	BOX)		E Pa
B. If amending the registered agent and registered agent and/or the new registered of		ss on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Scott E. Strahm		
New Registered Office Address:	20012 Outpost Point Dr.		
a see a deal distance and Householder and a	Ent	ter Florida street address	<u> </u>
	Tampa	, Florida <u>3</u>	3647
	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 nerson, being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Estep & Company, Inc.		Add
		1010 25th St.	
		Columbus, IN 47201	■ Remove
			Change
MGR	Brandon Hartwell		
	<del></del>	·	Add
		6312 Mataro Ct. North Port, FL 34287	≅ Remove
			☐ Change
MGR	George R. Estep	3685 North National Rd. Columbus, IN 47201	■ Add
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. Effective date, if other than the	date of filing:	eige to date of Elima	(option		404 0302 /3
Note: If the date inserted in this ble document's effective date on the De	ock does not meet the app	plicable statutory f	iling requirements, this	date will not be	listed as the
the record specifies a delayed b) The 90th day after the reco	effective date, but ord is filed.	not an effectiv	e time, at 12:01 a.	m. on the e	arlier of:
Dated November 28	2018				
		utborized representa			

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Typed or printed name of signes

Filing Fee: \$25.00