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2014 SEP 26 AN ID: 29
SECRETARY OF STATE
TALLATISSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2014 SEP 26 AM 10: 29

SECRETARY OF STATE FALLAHASSEE, FLORIDA

	TALLAHASSEE, FLORIDA
(Name of the Limited Liability Com (A Florida Limite	apany as it now supears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on 02 05 2008 and assigned
Florida document number LOB DOGO 12999.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited list	ability company here:
The new name must be distinguishable and end with the words "Limited L	iability 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 registered agent and/or the new registered office address he	office address on our records, enter the name of the new nere:
Name of Registered Agent:	Ed N. Lansing
New Registered Office Address:	West Hills boro Bld, Building 1, Suite Enter Florida street address
$\mathcal{T}_{\mathcal{A}}$	ald Back Burn 3344

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

Zip Code

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

MGR = Manager
AMBR = Authorized Member

AMDK - Aut	norized Member		
Title	Name	Address	Type of Action
MGR	Michael N Lansing	700 W. Hills boro Blu Building 1, Suite 204. Deerfield Dead Flood 33441	Add Change
MAR	yrsula P. Jafrate	Fullding 1, Suite 204 Deerfield Bruch Flord of 33441	address □ Add Change □ Remove
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fective date must be specific, cannot be pute this document is filed by the Florida I	prior to date of receipt or filed Department of State)	

Page 3 of 3

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