Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Account Name : HOLBROOK, AKEL, COLD,

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 5013 BROADWAY AVE., LLC

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02:09:40 p.m. F11-11-2015

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2015 NOV 12 AM 10: 28

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE TALLAHASSEE, FLORIDA

5013 BROADWAY AVE., LLC	<u></u>
(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 4/11/2008 and assigned Florida document number_L08000037069.

A. If amending name, enter the new name of the limited liability company here:

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the wor	rds "Limited Liability Company,"	the designation "LLC" or the abbreviation L.L.C."
Enter new principal offices address, if ap	pplicable:	
(Principal office address MUST BE A ST	REET ADDRESS)	
	_	
Enter new mailing address, if applicable	<u> </u>	
(Mailing address MAY BE A POST OFF)	(CE BOX)	
	_	
B. If amending the registered agent and new registered agent and/or the new reg	-	dress on our records, <u>enter the name of the</u> ere:
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	r Florida street address
	City	, Florida

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

<u>Name</u>

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Title Title

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

Address

Type of Act	<u>ion</u>		
MGR	Tina Alley	70 Sologne Circle, Little Rock, AK 72223	
			D Remove
			□Change
			🗆 Add
		***	□ Remove
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D. If amending any other information	on, enter change(s)	here: (Attach add	ditional sheets	s, if necessary.)
			······································	
		*L** - M****		
-				
				
E. Effective date, if other than the d	ate of filing:			(optional)
E. Effective date, if other than the d If an effective date is listed, the date must be specifi 05.0207 (3)(b) Note: If the date inserted in late will not be listed as the document's effecti	c and cannot be prior to this block does not m	ect the applicable st	atutory filing re	r filing.) Pursuant to
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