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| | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | - |
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COVER LETTER

| | Registration Sec Division of Corp | | | |
|------------|--------------------------------------|---|--|--|
| SUBJEC | 5909, LLC | | | |
| SUBJEC | 1 | Name of Lim | ited Liability Company | |
| | | mendment and fee(s) are sub- | - | |
| Please ren | um all correspon | John K. McClure | to the following: | |
| | | McClure & Lobozzo | Name of Person | |
| | | 211 S. Ridgewood Drive | Firm/Company | |
| | | Sebring, Florida 33870 | Address | |
| | | nerilim@yahoo.com | City/State and Zip Code | |
| For furthe | r information co | E-mail address: (i | to be used for future annual repo | rt notification) |
| | A bra Name of | nam N him Person | at (<u>1107</u>) <u>(00</u> Area Code D | 10 - 8000 Paytime Telephone Number |
| Enclosed | is a check for the | following amount: | | |
| \$25.0 | 0 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed | Sectificate of Status & Certificate 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 Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 5909, LLC | | | | |
|---|---|--|---------------------------|--------------------|
| (Name of the Lim | ited Liability Compa (A Florida Limited) | iny as it now appears on Liability Company) | our records.) | |
| The Articles of Organization for this Limited I lorida document number L09000008965 | Liability Company | were filed on January | y 28, 2009 | and assigned |
| his amendment is submitted to amend the fol | lowing: | | | |
| If amending name, enter the new name | of the limited liab | ility company here: | | |
| √a | | | | |
| he new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the design | nation "LLC" or the abb | reviation "L.L.C." |
| Inter new principal offices address, if appli | cable: | n/a | | |
| Principal office address MUST BE A STRE | ET ADDRESS) | | 201 | 20 |
| | | | | <u>." 🗐 `n</u> |
| | | | · · | 24 |
| nter new mailing address, if applicable: | | n/a | * | -0 [1] |
| Mailing address MAY BE A POST OFFICE BOX) | | | | |
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| . If amending the registered agent and egistered agent and/or the new registered of | | <u>·e</u> : | r records, <u>enter t</u> | he name of the |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | 17 Lake Byrd F | Blvd. Enter Florida s | etroot addrase | |
| | Avon Park | emer cuorida s | | 75 |
| | Avoir tark | City | , Florida ³³⁸³ | 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:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | <u>Address</u> | Type of Action |
|--------------|------|----------------|----------------|
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| ective date, if of effective date is lis | ther than the d | late of filing | : | | | (optional) | | 406.02 |
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Filing Fee: \$25.00