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DEPLATMENT OF STA

14 AUG 15 PH IZ: 35



COVER LETTER TO: Registration Section 14 AUG 15 PM 12: 35 **Division of Corporations** The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company For further information concerning this matter, please call:

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

\$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



14 AUG 15 PM 12: 35

(Name of the Limited Liability Compa	ny as it now appears on our records.)  IAITA  FORDO  TAITA	
The Articles of Organization for this Limited Liability Company Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility 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)	28 Endevor Drive Panacea, Fl 32346	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Same	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature if changing Registered Agent.		

## 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 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 14 AUG 15 PH 12: 35 AMBR = Authorized Member Type of Action

STARE

Type of Action <u>Address</u> Title <u>Name</u> Mathew Puckett Paracea FL 32346 Remove □ Add ☐ Remove \_□ Add \_□ Remove \_□ Add \_□ Remove □ Add ☐ Remove \_□ Add

\_□ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if nece	essary.)  ATTENDATED  AND THE
	TALLA PASSE FLORIDA
E. Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days a the date this document is filed by the Florida Department of State)	
Dated 15 August, 2014.	
Signature of a member or authorized representative of a member	
Typed or printed name of signee	<u> </u>

Page 3 of 3

Filing Fee: \$25.00