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SECRETARY OF STATE DIVISION OF CERECONTIONS

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COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJ	ece: <u>FA</u>	MACK L. L. Name of Limit	C. ted Liability Company	<u> </u>
The e	nclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please	return all correspond	dence concerning this matter t	to the following:	
		FRANCE	S A. McLAUCH	LIN_
		FAMAC	K L, L, C, Firm/Company	
		<u> 433 B</u>	YWOOD AVENUE	
		SEBAS FAMAC	STIAN FLORID City/State and Zip Code CK 29@BELL o be used for future annual report notif	SOUTH. NET
For fu	rther information cor	scerning this matter, please ca		
F	RANCES A. Name of 1	MCLAUGHLIK Person	1 at (<u>772)</u> <u>581-5</u> Area Code Daytime	8 6 7 8 Telephone Number
Enclo	sed is a check for the	following amount:		
□ \$:	25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears Liability Company)	on ou <u>r reco</u> rds.)		
The Articles of Organization for this Limited Liability Company Florida document number $= E1N27 - 0651024$	were filed on		_ and ass	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Limited Liab	ility Company." the de	signation "LLC" or the abbr	eviation "L	.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	<u>Z.,,</u>
		<u> </u>	JUL -2	19.2 JO 461 19.2 JV 4.5 JV 5.5
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			1: 20	10 E
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		our records, <u>enter th</u>	ie <u>name</u>	of the n
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Floric	la street address		
	·	, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>			
I hereby accept the appointment as registered agent and agi provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of n	ny duties, and I am far	niliar wi	th and

If Changing Registered Agent, Signature of New Registered Agent

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 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>	<u>Name</u>	Address		Type of Action
MGR	MICHAEL W. MCLAUG	HLIN	118 BRISBANE ST	☑ ⊠ Add
			SEBASTIAN, FI.	□ Remove
			32958	7 ☐ Change
			 	□ Add
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. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of I Note: If the date inserted in this block does not meet the applicable statut document's effective date on the Department of State's records.	(optional filing or more than 90 days after filing tory filing requirements, this date) g.) Pursuant to 605.02; will not be listed (
the record specifies a delayed effective date, but not an effect). The 90th day after the record is filed.		
Dated June 29, 2018. Frances a. M. Laughline Signature of a member of aughorized representations.		

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Filing Fee: \$25.00