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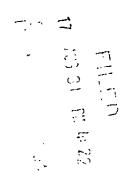
(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Se Division of Cor				
Vollmer He	oldings, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Robert Vollmer			
		Name of Person		
	Vollmer Holdings, LLC			
		Firm/Company	 	
	7001 Gibsonton Drive			
		Address		
	Gibsonton FL 33534			(2)
		City/State and Zip Code		
	ginav@prowaygroup.com			-
	E-mail address: (to be used for future annual report notific	cation)	7
For further information of	concerning this matter, please co	all:		
Robert Vollmer		813 626-4444 at ()		
Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fce	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &

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

Vollmer Holdings, LLC		
(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Company	pears on our records.) ny)
The Articles of Organization for this Limited I	Liability Company were filed on	8/25/17 and assigned
Torida document number L09000116476	·	
his amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	y here:
he new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE</u>	<u> </u>	<u> </u>
If amonding the registered egent are	Non wagistaned office address	on our records, enter the name of the ne
egistered agent and/or the new registered of	office address here:	on our records, enter the name of the ne
Name of New Registered Agent:	Robert Vollmer	
New Registered Office Address:	7001 Gibsonton Drive	2
regionica office radicing.	Enter	Florida street address
	Gibsonton	, Florida ³³⁵³⁴
	City	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>	<u>Name</u>	Address	Type of Action
VP	Adams Koutsouradis, Renee	7001 Gibsonton Drive	
		Gibsonton FL 33534	Remove
			Change
AMBR	AMBR Gina Vollmer	7001 Gibsonton Drive	Add
		Gibsonton FL 33534	Remove
			☐ Change
			
			Remove
			□ Add
			Remove
			Change
		Add	
			□ Remove
			□ Change
			☐ Remove
			Change

	
	
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date.	(optional) ate of filing or more than 90 days after filing.) Pursuant to 605.0
ote: If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but not ar The 90th day after the record is filed.	n effective time, at 12:01 a.m. on the earlier
August 25 2017	
Signature of member or authorize	d representative of a member

Page 3 of 3

Filing Fee: \$25.00