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# **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT: Th	e Main Pea Name of Limit	ed Liability Company	·····
The enclosed Articles of A	mendment and fec(s) are subtr	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Suzanne C.	Quinonez Name of Person	
		Firm/Company	
	1.0. Bix	/30 Address	
	Middlebur	g FL 32050 City/State and Zip Code	
	Collespond E-mail address: (10	o be used for influre annual report notific	cation)
For further information co	ncerning this matter, please ca		
лнолнолкноккк <b>Б</b> и	zanne C. Quin		6022
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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

	OF	FILED
(Name of the Limited Liabi (A Flori	Fear L LL C lity Company as it now appears on our da Limited Liability Company)	FILED 2018 AUG 22 PH 3: 48 r records.) ATTAHASSEE STAFF
The Articles of Organization for this Limited Liability		-31-09 and assigned
Florida document number <u>LD90001313</u>	<u>50</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADL	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ac		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	zet address
		, Florida
	Cuy	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added</u> <u>br remôved from our records</u>:

MGR = Manager AMBR = Authorized Member

. .

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Raymond J. Geisel	340 Sportsman Dr.	□ Add
	JR., Trustee of the Kaymond J. Geisel, Je.	240 Sportsman Dr. Welaka, FL 3193	□ Remove
	Trust dated February 6. 2018		Change
<del></del>			□ Add
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(If an <u>Not</u> e	ctive date, if other than the date of filing:
the r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	a August 22 2018.
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00