L10000000376

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| (City/State/Zip/Prione #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Business Entry Warne) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |
| . === |

Office Use Only



800251008458

08/26/13--01017--038 **60.00

2013 AUG 26 PH 2: 32 SECRETARY OF STATE TALL ALIASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

_{r.} Land Investment Services, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amie B. Connolly

Name of Person

Land Investment Services, LLC

Firm/Company

21430 Palm Beach Boulevard

Address

Alva, FL 33920

City/State and Zip Code

amiebc@lisengineering.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amie B. Connolly

239_{at (____)}693-9244

Name of Person

Area Code & Daytime Telephone Number

Enclosed 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

FILED. 2013 AUG 26 PM 2: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Land Investment Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liabil | lity Company were filed on 01/04/2 | 2010 and assigned |
|--|--|--|
| Florida document number L1000000376 | | - |
| This amendment is submitted to amend the followir | ng: | |
| A. If amending name, enter the new name of the | e limited liability company here: | |
| The new name must be distinguishable and end with the "L.L.C." | e words "Limited Liability Company," t | he designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable | | |
| (Principal office address MUST BE A STREET A | DDRESS) | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX | <u></u> | |
| B. If amending the registered agent and/or r registered agent and/or the new registered office | | ecords, enter the name of the nev |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Fl | orida street address |
| _ | | |
| | 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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-------------------|---|----------------|
| VP | Raymond Rodriguez | 5887 Brush Hollow Road Jacksonville, FL 32258 | Add |
| | | | Remove |
| | | | _ |
| | | | _ Add |
| | | | Remove |
| | | | Add |
| | | | Add |
| | | | - |
| | | | Add |
| | | | Remove |
| | | | Add |
| | | | Remove |
| | | | . — |
| | | | Add |
| | | | Remove |

| D. If amending any other inf | ormation, enter change(s) here: (Attach additional sheets, if necessary.) | |
|------------------------------|---|---|
| 1 | | |
| | | _ |
| | | - |
| | · · · · · · · · · · · · · · · · · · · | _ |
| <u> </u> | | _ |
| | | |
| Dated August 16 | 2013 | - |
| | Chil Statuett | |
| | Signature of a member or authorized representative of a member | |
| | CLARK STILWELL Typed or printed name of signee | |
| | Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00

THE AUG 26 PH 2: 3%