## 110000002754

(Re	equestor's Name)			
(Ac	ddress)	-		
(Ac	ddress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	(Document Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



300299411993

06/08/17--01012--012 \*\*25.00

17 JUN -8 PH 2: 37
SECRETARY OF STATE
SALLAHASSEE FLORIDA

S. WARREN JUN 0 9 2017

## · COVER LETTER

	gistration Servision of Cor			
Subject:	Three 2 OH	,LLC		
		Name of Limit	ted Liability Company	
The enclose	d Articles of	Amendment and fec(s) are subr	nitted for filing.	
Please return	all correspon	ndence concerning this matter t	to the following:	
		Ralph Rendsland		
			Name of Person	<del></del>
		Three 2 OH, LLC		
			Firm/Company	
	2716 Rew Circle, Suite 102			
		······	Address	
		Ocoee, FL 34761		
			City/State and Zip Code	
		rendsland@gmail.com		<del></del>
For further	information c	t-mail address: (f oncerning this matter, please ca	to be used for future annual report notificall:	cation)
Ralph Reno	sland		407 353-1227	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for t	he 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

Three 2 OH, LLC	
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability ( Florida document number L10000002754	Company were filed on 01/07/2010 and assigned
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 "Lin	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	PRESS)
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 address address and/or the new registered office address and/o	istered office address on our records, enter the name of the new dress 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 Register	,
provisions of all statutes relative to the proper and accept the obligations of my position as registered	at and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is red office address, I hereby confirm that the limited trabilities.  If Changing Registered Agent, Signature of New Registered Agent
•	11 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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
AMBR	Barry Resnick	2716 Rew Circle, Suite 102	
		Ocoee, FL 34761	□ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			D Add
			☐ Remove
			Change
			□ Add
			Remove
			Charge PILED AND Add PI 2:007 AND STREET FLORIDA
			Change

	•	•	* '	,	, or recommendation		
		,					
_	**************************************		·				
	· · · · · · · · · · · · · · · · · · ·				<del></del>	<del></del>	
	· · · · · · · · · · · · · · · · · · ·		····				
		<del></del>				<del></del>	
	······································					<del></del>	
	·						
				•			
_	···	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
		<del></del>		·			
	<del></del>		<del>_</del>				
				· · · · · · · · · · · · · · · · · · ·			
_		····	···				
			<del></del>				
	· · · · · · · · · · · · · · · · · · ·	<del></del>	····				
	_						
			. <u>.</u>				
P Wellenste	ua data 18 athau than tl	an data of Mina.			(antional)		
If an effo	ctive date is listed, the date n	ust be specific and c	annot be prior to	date of filing or more than 90 c	(optional) lays after filing.) Pu	rsuant to 605.0	207 (3)(ъ)
Note: I	If the date inserted in this art's effective date on the	block does not me	et the applicat	ole statutory filing requirement	ents, this date will	not be listed	as the
docume	ant's effective date on the	Department of Sta	ne s records.				
				** *** *** ***		44 ·	بو .
if the reco	ord specifies a delay 90th day after the re	ed effective da Scord is filed	ite, but not	an effective time, at 1	.2:01 a.m. on	the earlier	. 01:
o) The	Societaly after the re	scora is mea.					•
	dialo		2017		<del>.</del>	⊒'ω <b>→</b>	
Dated_	2/17/1/		<u>~</u>	<b></b> •	, , , ,	7	·
	1.1.	1 .	1 1	•			
	- Kily	Signature of a m	ember of author	ized representative of a member	<u> </u>	- CS	=
	•	, -				771	س
	Ralph Rendsland	RAIPH F	Kends In	vd			
			Typed or printe	name of signee		<u> </u>	
						용를 <b>3</b>	) <b>j</b>

Page 3 of 3

Filing Fee: \$25.00