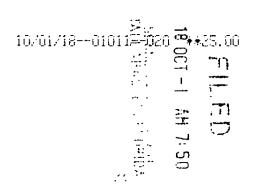
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(F	Requesto	r's Name)	
(/	Address)		
(<i>K</i>	\ddress)		
(0	City/State	/Zip/Phone	#)
PICK-UP		WAIT	MAIL
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1)	Documen	t Number)	
Certified Copies	(Certificates	of Status
Special Instructions t	o Filing (Officer:	

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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Guinn + Associates LLC Name of Limited Liability Company						
The enclosed Articles of Amendment and fee(s) are submitted for filling.						
Please return all correspondence concerning this matter to the following:						
Amy Gvinn						
Guinn + Associates, UC						
53 CARUSON COURT						
PONTE VEDVA, FL 32081 City/State and Zip Code A 4 9 1177 G be 1/500th, net E-mail addless (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Amy Guinn at (904) 616-8745 Name of Person Area Code Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee						

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

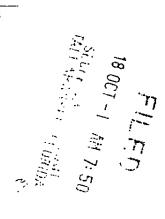
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Guinn + Asso	ociates LLC
Guinn + Asso (Name of the Limited Liability Companion (A Florida Limited L	ns as it now appears on our records.) inbility Company)
The Articles of Organization for this Limited Liability Company Florida document number 4/000007239	were filed on JANUARY 20, 2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words *Limited Liabil	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	53 CARLSON COURT PONTE VEDRA, FL 32081
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	53 (ARLSON COURT PONTE VEDRA, FL 32081
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new g:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
New Paristand Assets Constant it should be Designed Assets	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

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	
			ElAdd	
			EChange	
			Ejadd	
			[_]Remove	
			[I] Change	
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			[i:]Add	
			E-Remove	
			[i]Change	
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			LLC hange	
	Page 2	of 3	8 007	
			Exchange 80C7	

Page 2 of 3

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Note.	etive date, if other than the date of filing: [dective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listement's effective date on the Department of State's records.	.0207 (3 kb) ed as the
(b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie e 90th day after the record is filed.	er of:
Date	de September 17 2018.	
	Signature of a member or authorized representative of a member	
	Amy Guing	30
	Aped or printed name of signee	18 Q
	Page 3 of 3	18 OCT _
	Filing Fee: \$25.00	
		## 7:50
		50

D.