07/19/2019 7/19/2018

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Division of Corporations **Electronic Filing Cover Sheet**

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(((H18000209667 3)))



H180002096673ABC6

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To:

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Fax Number : (850)617-6383

From:

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Account Number : I20090000020

Phone

: (941)917-0505

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JUL 20 2018

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Audit #(((H18000209667 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now ann (A Fiorida Limited Liability Compan	icars on our records.)		
(A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on			
This amendment is submitted to amend the following:			
A. If amending name, enter the new game of the limited liability company	here:		
The new name must be distinguishable and contain the words "Limited Liability Company," the	ne designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	2818		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
	20 - 1		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	25		
	2		
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the nev		
Name of New Registered Agent:			
New Registered Office Address: Enter i	Florida street address		
	M-11-		
City	, Florida 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

Audit #(((H18000209667 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
MGR	Andrew Elchenblatt	2893 Wynfair Drive	Add
		Mariotta, Georgia 30062	□ Remove
			☐ Change
			□ Remove
			□ Change
			D Add
			Remove
			Change
			Remove
•			Change
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(If an effective Note: If t	date, if other than the divergence is the date must be the date inserted in this block is effective date on the Dep	se specific and cannot be prior ik does not meet the applic	able statutory filing requir	(optional) 90 days after filing.) Pun ements, this date will	mant to 605.02 not be listed
	d specifies a delayed of the day after the record		ot an effective time, a	it 12:01 a.m. on t	he earlier
Dated	y 19	, 2018	7		
	<u></u>	ignature of a member du anth	orized representative of a me	mber	

Page 3 of 3

Filing Fee: \$25.00