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ECRETARY OF STATE

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K. SALY FEB 1 6 2018

## **COVER LETTER**

(additional copy is enclosed) Certified Copy	TO: Registration Sec Division of Corp			
Please return all correspondence concerning this matter to the following:    Concerning Section   Concerning this matter to the following:   Name of Person   Concerning this matter   City/State and Zip Code   Concerning this matter   City/State and Zip Code   Concerning this matter   Code   Concerning this matter   Code   Concerning this matter   Code   Cod	SUBJECT:	)0720 Mail Name of Limit	ted Liability Company	<del></del>
Name of Person    Company   Company	The enclosed Articles of A	Amendment and fec(s) are subm	nitted for filing.	
Name of Person    City/State and Zip Code	Please return all correspor	dence concerning this matter t	o the following:	
City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  at (404)		Char	11 <u> (71 110 1                              </u>	<u> </u>
City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  at (404)		<u></u>	Company Company	
City/State and Zip Code  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Area Code    Code		23a6	Address	<del></del>
For further information concerning this matter, please call:    Company   Area Code   Code   Code		- Och	City/State and Zip Code	918
Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc		E-mail address: (t	o be used for future annual report not	ification)
Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\sum_{\sum_{\text{S25.00}}} \sum_{\text{Filing Fee}} \sum_{\text{S30.00}} \sum_{\text{Filing Fee}} \sum_{\text{S55.00}} \sum_{\text{Filing Fee}} \sum_{\text{S60.00}} \sum_{\text{Filing Fee}} \sum_{\text{Certificate of Status}} \sum_{\text{Cadditional copy is enclosed}} \sum_{\text{Certified Copy}} \sum_{Certified	For further information co	oncerning this matter, please ca	ill:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy	Name of	ashia Sadu Person	at (904) (192) Area Code Daytin	
Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed) Certified Copy	Enclosed is a check for th	e following amount:		
	\$25.00 Filing Fee		Certified Copy	Certificate of Status &

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

(Name of the Limited Liability Compan (A Florida Limited L.)	y as it now appears on our reliability Company)	SECRETARY OF STATE  ecords.)  AMASSEE, FLORIDA  3/2010 and assigned
The Articles of Organization for this Limited Liability Company v Florida document number <u>LVOOOS39111</u> .		3/2010 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	500 116	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		wood Ave
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	23210 Lear Jacksonvi	7.0 RD 116 FL 32218
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		cords, <u>enter the name of the nev</u>
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	Enter Florida street o	address
	City	, Florida

## 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, enter the title, name, and address of each person being added or removed from our records:

MGR = M AMBR = A	lanager Authorized Member	FILED	
<u>Title</u>	<u>Name</u>	Address 18 FEB 15 PM 2: 49  SECRETARY OF STATE  IALLAHASSEE, FLORIDA	Type of Action
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ffective date, if other than the date of filing: 02-28-18 an effective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory for locument's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.0207 iling requirements, this date will not be listed as
e record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed.	re time, at 12:01 a.m. on the earlier of
Dated 02-07-18.	

Page 3 of 3

Filing Fee: \$25.00