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DIVISION OF CORPORATIONS

N COOPER JUL 27 2018

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	nttom out Hole Name of Limi	ted Lability Company	
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	
	Fuer	T Firm / BOTTO	m out Holdings we
	33/	M. Port road	Λ
	Nu plies,	Florida 34100 City/State and Zip Code Fuest Firm Long to be used for future annual report notion	<u>-1 , </u>
	Josh & E-mail address: (1	Fuest Firm, Com	fication)
For further information of	concerning this matter, please co	ill:	
Hunu Fu Name o	eTT	at (239) 290 Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ANG ADDRESS: ration Section	STREET/COURI Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FI, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Soften out to (Name of the Limited Lia (A Flo	Hollings LLC billity Company as it now appears on our records.) rida Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability	• •	and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l		
The new name must be distinguishable and contain the words." Enter new principal offices address, if applicable:	.imited Liability Company," the designation "LLC" or	the abbreviation "L.I.,C."
(Principal office address MUST BE A STREET AD	DRESS)	180 SE
		JUL 10NC
Enter new mailing address, if applicable:	NA	ARY OF CORP
(Mailing address MAY BE A POST OFFICE BOX)	·	9 S S S S S S S S S S S S S S S S S S S
		——————————————————————————————————————
B. If amending the registered agent and/or re registered agent and/or the new registered office a		nter the name of the new
Name of New Registered Agent:	J/n	
New Registered Office Address:	Enter Florida street address	
	. Florid	lo.
	Florid	i a 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name | **Address Type of Action** JEFFREY VANZANOT 331 DIPPORT RILL Nuples 1-1 3404 Remove ☐ Change MGR Hana Fact 33/ A: 1901 Rel N Nuples F1 3444 WAdd ☐ Remove ☐ Change _D Add _□ Remove _____ Change __□ Remove ___ 🗀 Change □ Add □ Remove _□ Change □ Add ☐ Remove Change

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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the applic	to date of filing or more than 90 days after filing.) Pursuant to 605.0207 able statutory filing requirements, this date will not be listed as
document's effective date on the Department of State's records.	
ne record specifies a delayed effective date, but no	t an effective time, at 12:01 a.m. on the earlier of
The 90th day after the record is filed.	con enective time, at 12101 cm. on the carrier of
Dated 7/7/18/July 17 . 2014	?
- Humal	
Signature of Friedlich	prized representative of a member

Page 3 of 3

Filing Fee: \$25.00