## L10000129782

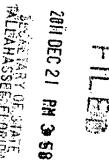
(Requestor's Name)				
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## **COVER LETTER**

TO: Registration S Division of Co		·	,	
SUBJECT: 15u	Name of Limi	ited Liability Company	·	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Shown	Gilbert Name of Person	·	
	On the	Square Property Ins	pactions LLC	
	5802 B	Square Property Ins Firm/Company  recken ridge Parkwa  Address	Smy Masses	
		City/State and Zip Code  Chmcb. com to be used for future annual report notifica	(A)(T) and	
For further information of	E-mail address: ( concerning this matter, please o		ttion)	
Shawa Name o	zilbert.	at ( <u>§1)</u> 597-19 Area Code & Daytime T	735 <sup>—</sup> Felephone 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)	Sectificate of Status & Certified Copy (additional copy is end	

**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 ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Lis (A Flo	i <mark>bility Com</mark> orida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liabi	•	any were filed on December 21, 2010 and assigned
This amendment is submitted to amend the following.  A. If amending name, enter the new name of the	<del>-</del>	liability company here:
The new name must be distinguishable and end with the "L.L.C."	To Sole words *L	
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A		5802 Breckenridge Parksay Suite 101A
	registered	5802 Brechenridge Farkway  Shite 101A  Tampa, FL 33610  Office address on our records, enter the name of the new
registered agent and/or the new registered office  Name of New Registered Agent:		here:
		Breckenridge Parkman Suite 101A Enter Florida street address
_	Tampa	City , Florida 33&10 Zip Code
New Registered Agent's Signature, if changing Regi	stered Age	ent:

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> Address **Type of Action** <u>Name</u> Chad Rowland MCRM Add Remove Michael Parrino MGRM ☐ Add **∑** Remove Jared Gilbert MGRM \_\_\_ Add Remove □ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please Change Article III to Provide Inspection Dated December is the Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00