

2016-06-21 20:42:06 (GMT)

10616530549 From: Natalie Burns
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Florida Department of State
Division of Corporations
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(((H16000151453 3)))



H160001514533ABC

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From: Account Name : NATALIE M. BURNS PL
Account Number : I20140000036
Phone : (305)733-8223
Fax Number : (561)450-5105

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AMERI-PRIDE FT MYERS LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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2016 JUN 21 AM 7:57

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K. SALY
EXAMINER

JUN 22

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

(((H16000151453 3)))

AMERI-PRIDE FT MYERS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 01/04/2011 and assigned
Florida document number L11000000941

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

GULFCOAST TRANSFER SERVICES INC

New Registered Office Address:

2753 POST ROCK DRIVE

Enter Florida street address

TARPON SPRINGS

Florida 34688

City

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

(((H16000151453 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

AMDR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SOKOL SHEHU	16485 US HWY 19 N	<input type="checkbox"/> Add
		CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO, D	TIMOTHY D. LOCKHART	2753 POST ROCK DRIVE	<input checked="" type="checkbox"/> Add
		TARPON SPRINGS, FL 34688	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	FATBARDH SHEHU	16485 US HWY 19 N	<input type="checkbox"/> Add
		CLEARWATER, FL 33764	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)* (((H16000151453 3)))

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F. Effective date, if other than the date of filing: _____ (optional)

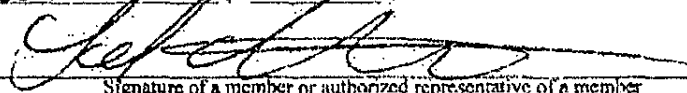
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 16, 2016



Signature of a member or authorized representative of a member

SOKOL SHEHU

Typed or printed name of signee