Office Use Only



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JUN 0 6 2016 S. YOUNG

COVER LETTER

| TO: Registration Se Division of Cor | ction porations | | | | |
|--|--|---|--|--------------|---------------------------------|
| SUBJECT: \+ | enry M Donalds Name of Lin | un Investments Ll aited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | emitted for filing. | | | |
| Please return all correspo | ndence concerning this matter | to the following: | | | |
| | Henr | y Donaldson Name of Person | | | |
| | | Firm/Company | | | '1 |
| | 675 | 1 Lemontree Dr | · | 16 H | ALLA. |
| | Lax | Address Eland FL 33813 City/State and Zip Code | | HAY 31 PM 5: | TARY OF |
| | | | · · · | ية اين | 15. 15. 15. 15. 15. |
| For further information of | E-mail address: (Discerning this matter, please or | to be used for future annual report notificated | ation) | : 50 | |
| Henry I | Soraldon | at (863) 712 72 | 07 | | |
| Name of | | Area Code Daytime T | elephone Number | | |
| Enclosed is a check for th | e following amount: | | | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
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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

| Henrym Dava lo (Name of the Limited Liab (A Flor | Son Investr ility Company as it now ida Limited Liability Com | appears on our records.) | |
|---|---|--|-----------------------|
| The Articles of Organization for this Limited Liability | | on 2/24/2011 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the li | mited liability compa | any here: | |
| The new name must be distinguishable and contain the words "L | imited Liability Company | ," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 675 | 5) Lemon Tree | Dr · 部 |
| (Principal office address MUST BE A STREET ADI | DRESS) Lak | lelond FL 339 | 813 E ARE |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | Sam | re as above | PH 5: S |
| B. If amending the registered agent and/or reg | | ess on our records, ent | |
| Name of New Registered Agent: | diess nere, | | |
| New Registered Office Address: | <u> </u> | on Tree Dr Jer Florida street address | |
| | Lakeland | , Florida | 33813 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, 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. | Henry Donaldson | 6751 Lemon Tree Dr | |
| | • | Lakeland FL 33813 | □ Remove |
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| | | | □ Add |
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| If an effective date in Note: If the date | of other than the date of filing: May 27 2018 is listed, the date must be specific and cannot be prior to date of filing inserted in this block does not meet the applicable statutory tive date on the Department of State's records. | (optional) g or more than 90 days after filing.) Pursuant to 605.0207 (3 |
| he record spec | ; cifies a delayed effective date, but not an effecti y after the record is filed. | ive time, at 12:01 a.m. on the earlier of: |
| | | |
| The 90th da | May 25, 2016. | |
| The 90th da | Nm Dmo Signature of a member or authorized represent | |

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Filing Fee: \$25.00