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Florida Department of State

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EXAMINER

1

ARTICLES OF AMENDMENT

A DAYCH I'C	TO S OF ORGANIZATION	١.
ARTICLES	OF ORGANIZATION	Q.
Holly Height (Name of the Limited Liability (A florida	to Holings, LLC y Company as it now subsers on our records.) Lighted Lightlity Company)	25
	e/2./	_ `
he Articles of Organization for this Limited Liability C	_	ed
orida document number <u>LIL 1000 9559 C</u>	2.	
is amendment is submitted to amend the following:	· · · · · · · · · · · · · · · · · · ·	
. If amending name, enter the new name of the lim	sited liability company here:	
te new name must be distinguishable and and with the wor.	ords "Limited Liability Company," the designation "LLC" or the abbr	evisti
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDR	RESS)	
•		
ter new mailing address, if applicable:		
Solling address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or regist gistered agent and/or the new registered office add	tered office address on our records, <u>enter the name of the ress hero:</u>	16 ре
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street address)	
· .	, Florida	
	(City) (Zip Code)	
v Registered Agent's Signature, if changing Registered	d Agent:	
provisions of all statutes relative to the proper an ept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to comply wand complete performance of my duties, and I am familiar with gent as provided for in Chapter 608, F.S. Or, if this documented office address, I hereby confirm that the limited liability	h and
:	(If Changing Registered Agent, Signature of New Registered Agent)	-
·	Page 1 of 2	

If amend or Mana	ling the Managers or l	Managing Members on our records, enter the title, nam ded or remoyed from our records:	e, and address of the M
MGR=) MGRM=	Manager = Managing Member		
<u> Title</u>	<u>Na</u> me	<u>Address</u>	Type of Ac
•	a		~1 ~
M <u>GR</u> ,	Tayler M	Corpl balles, Fig. 3.5	17 De MA Add 2134 Remove
			Add
	·····		Add Remove
			Add Reniove
p. Ifame	ending any other infor	rnation, enter change(s) here: (Attach additional sheats, t)	Remove
-			
Dated	Ø	Signature of a member or authorized representative of a member	
		Robert A. Schreiber Typed or printed manne of signee	
1		Page 2 of 2	•