L11000117291

Requestor's Name)
Address)
Address)
City/State/Zip/Phone #)
☐ WAIT ☐ MAIL
Business Entity Name)
Document Number)
Certificates of Status
o Filing Officer:

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S. WARREN
JUL 1 4 2017

COVER LETTER

TO: Registration Sec Division of Corp		,	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Tim	Name of Person	·
	<u></u>	Firm/Company	<u></u>
	3967	Address	
	FERNHALDIN	City/State and Zip Code	2034
	E-mail address: (to be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	•	
Name of	Person	at (904) 4/5- Area Code Daytime	Telephone Number
Enclosed is a check for the	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)

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

(Name of the Limited Liabil) (A Florid	ity Company as it now a a Limited Liability Comp	ppears on our records.)	
The Articles of Organization for this Limited Liability (Company were filed o	n <u>10/13/2011</u>	and assigned
Florida document number <u>LHOCO 117291</u>		,	- 0
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	iited liability compai	ny here:	
The new name must be distinguishable and contain the words "Lin	aited Liability Company,"	the designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office addres	s on our records, <u>enter t</u>	he name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	r Florida street address	
		, Florida	Zıp Çode
No. Design and A. A. C	Cuy		7sp Code
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change	and agree to act in t omplete performanc gent as provided for ed office address, I h	e of my duties, and I am far in Chapter 605, F.S. Or, if wereby confirm that the limit	miliar with and this document is

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_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Timothy M. Poynter	3967 First Avenue	□ Add
		Fernandina Beach, FL 32034	□ Renxove
			■ Change
MGR	Theresa K. Poynter	3967 First Avenue	
		Fernandina Beach, FL 32034	□ Remove
			Change
			Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change
			
			□ Ri move
			Change
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docume	re date, if other than to ctive date is listed, the date in fithe date inserted in this not's effective date on the ord specifies a delay after the re	Department of S	State's records.	ic statutory mang re	quirements, this as	ite will not be list	ed as
	90th day after the ri	ecord is filed.					
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,,,,,	6127		2017	May 2		17 14	
,,,,,	Co. 12.7 Timothy M. Poynter,	·-///	member or suthern	representative of a	member	17 JUL 13	<u> </u>
Oated_		·-///		•	тетьег	7 JUL 1	ELED ELED