## 111000139579

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## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:	REGENCY	ACQUISITION I, LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	ı all correspo	ndence concerning this matter	to the following:	
		Cindy Aldrich		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Regency Acquisition I, LL	С	
			Firm/Company	
		Post Office Box 1735		
			Address	
		Destin, FL 32540		
			City/State and Zip Code	<del></del>
		caldrich@thejayodomgroup		191191
		E-mail address: (	to be used for future annual report r	otification)
For further is	nformation co	oncerning this matter, please ca	all:	
Cindy Aldri	ch		850 654-4126	
	Name of	Person	Area Code Day	time Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00 I	iling 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

TO:

Registration Section

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

REGENCY ACQUISTION I, LLC		
( <u>Name of the Limited Liahit</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability (	Company were filed on 12/12/2011	and assigned
Florida document number L11000139579	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
	-	16 7
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the ab	breviation L.C.1
Enter new principal offices address, if applicable:		2 [
(Principal office address MUST BE A STREET ADD)	RESS)	
	<del></del>	in a
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ado		the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	D	
	Enter Florida street address	
-	, Florida	
	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

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>	<u>Address</u>	Type of Action
MGRM	STERLING DIVERSIFIED, LLC	POST OFFICE BOX 1735	
		DESTIN, FL 32540	Remove
			Change
MGRM JAY A. ODOM	POST OFFICE BOX 1735		
		DESTIN, FL 32540	□ Remove
			☐ Change
		<del>-</del>	□ Remove
			Change
			Remove
			☐ Change
		<del></del>	
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Effec	tive date, if other than the date of filing: (optio	nal)	
ltan e Note:	Tective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after the lift the date inserted in this block does not meet the applicable statutory filing requirements, this ment's effective date on the Department of State's records.	filing.) Pursuant to 6	05.0207 sted as
	cord specifies a delayed effective date, but not an effective time, at 12:01 a. e 90th day after the record is filed.	.m. on the ear	lier o
Dated	October 16 2017		
	$\frac{1}{2} \frac{1}{2} \frac{1}$		

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L'Typed or printed name of signee

Filing Fee: \$25.00