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| (Re | questor's Name) | |
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| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Name | e) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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S. YOUNG; AHASSEE! L. 22 PM 3: 09

COVER LETTER

| TO: | | stråtion Sec sion of Corp | | | | |
|--------------|----------|------------------------------|----------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------|
| oun II | r zom. | PILOT PT. | , LLC | | | |
| SUBJ | ECI: _ | | Name of Limi | ited Liability Company | | |
| The en | closed | Articles of A | Amendment and fee(s) are sub | mitted for filing. | | |
| Please | return | all correspor | ndence concerning this matter | to the following: | | |
| | | | Thomas M. VanNess, Jr., I | Esquire | | |
| | | | | Name of Person | | |
| | | | | | | |
| | | | | Firm/Company | | |
| | | | 1205 N. Meeting Tree Blv | d. | | |
| | | | | | | |
| | | | Crystal River, FL 34429 | | | 古程 |
| | | | | City/State and Zip Code | | 告 五 |
| | | | tmv@vannesspa.com E-mail address: (| to be used for future annual report notific | cation) | 22 Sept. 1 |
| For fu | rther in | formation co | oncerning this matter, please ca | all: | | P T |
| Thom | as M. V | VanNess, Jr. | | 352 795-1444 at () | | SECRETARY OF TENSOR |
| | | Name of | Person | | Telephone Number | |
| Enclo | sed is a | check for th | e following amount: | | | |
| ≘ \$2 | 25.00 F | 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

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

| | PILOT PT | • | | |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------|--------------------------|-------------------------------------------|
| (<u>Name of the Limited Liabil</u> (A Florid | ity Compan a Limited Li | y as it now appears on ou ability Company) | r records.) | |
| the Articles of Organization for this Limited Liability (lorida document numberL11000145784 | Company v | were filed on Decembe | r 28, 2011 | and assigned |
| his amendment is submitted to amend the following: | | | / | |
| . If amending name, enter the new name of the lim | nited liabil | ity company here: | ; | |
| n/a | | | | |
| he new name must be distinguishable and contain the words "Lin | mited Liabilit | ty Company," the designat | ion "LLC" or the abb | reviation "L.L.C." |
| inter new principal offices address, if applicable: | | 2251 N. Pilot Point | | <u> </u> |
| Principal office address MUST BE A STREET ADD | RESS) | Crystal River, FL 3442 | 29 | abbreviation "L.L.C." 15 JUL 22 Pr. 3.09 |
| | | | | <u></u> |
| | | • | | 72 |
| nter new mailing address, if applicable: | | 2251 N. Pilot Point | -, <u>-</u> - | <u> </u> |
| Mailing address MAY BE A POST OFFICE BOX) | | Crystal River, FL 344 | 29 | ين |
| | | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office adenomial Name of New Registered Agent: Williams | | : | records, enter 1 | he name of the new |
| New Registered Office Address: 2251 | N. Pilot Po | oint | | |
| New Registered Office Address. | | Enter Florida stre | eet address | |
| Crys | tal River | | , Florida ³⁴⁴ | 29 |
| | | 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 | Jayne Holden, TTEE of Jayne A. | 142 County Road 2619 | ☐ Add |
| | | Marietta, TX 75566 | ■ Remove |
| | | | Change |
| MGRM | Suzanne Hunter, TTEE of Suzanne | 655 West Irving Park Road | □ Add |
| | | Unit 3402 | ■ Remove |
| | | Chicago, IL 60613 | □ Change |
| | | | Add Remove |
| | | | |
| | | | ☐ Change iii |
| | | ••• | |
| | | | ☐ Remove |
| | | | □ Change |
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| <u>ote</u> | etive date, if other than the date of filing: (optional) 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 605.02: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records. |
| | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ee 90th day after the record is filed. |
| tec | 1 J/4 5 1 2016 |
| | |

Page 3 of 3

Filing Fee: \$25.00