L12000033586

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COVER LETTER

Division of Co	rporations		
SUBJECT:	975,1	LC	
50bJEC1	Name of Lim	nited Liability Company	 -
	:	,	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Richard	L. Hardy Name of Person	<u>. </u>
		LCC Firm/Company	
	975 So.	Th Ponce de	Leon Blud.
	ST. AUGUST	ine FL 320	84
		City/State and Zip Code	
	ACCOUNTING @ E-mail oldress: (1	City/State and Zip Code The hardy group to be used for future arrival report notifications.	CO m1 ication)
For further information c	oncerning this matter, please ca		•
Richard	L. Harry f Person	at (904) 471 Area Code Daytime	-5800 XT ZZY
Enclosed is a check for the	ne 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)
M 4 17	INIC A PRODUCC.	CTD VITTO A VOLUM	ND ADDRESS

MAILING ADDRESS:

TO:

Registration Section

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

975, LC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L120 000 33586</u> .	were filed on 3-08-2012 and assig	gned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.	C."
Enter new principal offices address, if applicable:	SAME NO Ch	MGE
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	18 AUG 20	SECRETAR
(Mailing address MAY BE A POST OFFICE BOX)		2 25. 225
	2:	500 250
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the new
Name of New Registered Agent:	N/A	
New Registered Office Address:	N/A Enter Floridu 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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as poing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with orovided for in Chapter 605, F.S. Or, if this docum	and ent is
If Chan	nging 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
AMBR	TRACEY Y. Hardy	117 INLET DR. ST. Augustine, 1 32080	<u>⊂</u> ⊠Add
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			☐ Change
			🗅 Add
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an effective of the	ate, if other than that date is listed, the date date inserted in this effective date on the	must be specific an s block does not a	d cannot be prior meet the applic	able statutory fi) Pursuant to 6	
	specifies a dela	yed effective of	date, but no	t an effectiv	e time, at 1	2:01 a.m.	on the ear	lier of
record s The 90th	i day aiter the i							
The 90th	8/16/	2018). 	·				
e record s The 90th ated		House	hember or autho		ive of a membe	г		

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Filing Fee: \$25.00