LIECCO 71424

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	7
(Document Number)	
Certified Copies Certificates of	Statu s
Special Instructions to Filing Officer:	موسود در پایده در ماسود

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability C	Borntragi	er LLC	
(Name of the Limited Liability C	Company as it now appears mited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Com	pany were filed on	5/29/12	and assigned
lorida document number <u>L 12 0000 71424</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company her	<u>re</u> :	
he new name must be distinguishable and contain the words "Limited	Liability Company," the de	signation "LLC" or the at	obreviation "L.1C."
Inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	<u> </u>		
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Inter new mailing address, if applicable:			<u> </u>
Mailing address MAY BE A POST OFFICE BOX)			· · · · · · · · · · · · · · · · · · ·
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†	-		
3. If amending the registered agent and/or register		our records, enter	the name of the no
egistered agent and/or the new registered office addres	<u>s here</u> :		.
Name of New Registered Agent:			
New Registered Office Address:			
; ,	Enter Flori	da street address	
		, Florida	Zip Code
	City		Zip Code
lew Registered Agent's Signature, if changing Registered A	gent:		
hereby accept the appointment as registered agent and	A agree to act in this c	anacity further av	ree to comply with t

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> Address Type of Action Name 1 AMBR Zachary Nichols 6111 Montgomery Ave DANA Pansacola, FL 32501 Remove __ Change Josiah Schmidt 1501 Lansing Dr Lottle XAdd AMBR Pensacola, FL 32504 - Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove -- □ Change ____ □ Remove ____ Change

Page 2 of 3

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amending any other infor	mation, enter change(s	nere: (Attach additione	ut sneets, if necessary.)	
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ote: If the date inserted in this cument's effective date on the	must be specific and cannot be shock does not meet the e Department of State's re	applicable statutory filing r cords.	(optional) e than 90 days after filing.) Pursuant to 60: equirements, this date will not be list	ed as
The 90th day after the r	record is filed.	it not an enective tim	ne, at 12:01 a.m. on the earli	er O
ted	1) 20 C	<u>7</u> .		
	Signature of a member of	r authorized representative of	a member	
	? I			
	ì	Borntrager printed name of signed		

Filing Fee: \$25.00