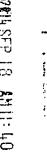
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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
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COVER LETTER

| TO: Registration Section Division of Corporation | | | | |
|--|---|---|---|---|
| SUBJECT: | Judy MCAnnal Name of Limited Liability | Ly, LLC (Nam | e Change) | |
| The enclosed Articles of Am | endment and fee(s) are submitted for f | iling. | | |
| Please return all corresponde | nce concerning this matter to the follow | wing: | | |
| | Tudy | McAnnally Ke | lley | |
| | Judy MCAnne | My Kelley, W | <u>_C</u> | |
| | 21 Transver | rsale Road ddress | 200 1 SE | |
| | Santa Rosa City/State | Beach, FL 32 and Zip Code | 2459 1 00 | |
| • | Sandail address: (to be used for | rea Hor @ ama, r future annual report fot fication) | Licom | A |
| For further information conc | erning this matter, please call: | | 0 | |
| Judy MCAr Name of Pe | nally Kelley at (| 850) 974-45 Area Code Daytime Teleph | one Number | |
| Enclosed is a check for the for | ollowing amount: | | | |
| □ \$25.00 Filing Fee | Certificate of Status Certi | 0 Filing Fee & ified Copy tional copy is enclosed) | 1 \$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**

| Judy MC | Annally, LLC |
|---|---|
| (Name of the Limited Liability Comp. (A Florida Limited | any as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{45 - 5517256}{}$. This amendment is submitted to amend the following: | were filed on 6/19/2012 and assigned |
| A. If amending name, enter the new name of the limited liab | bility company here: |
| The new name must be distinguishable and end with the words "Limited Lial | lley, LLC |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 21 Transversale Road Santa Rosa Beach, Fl 32459 |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | ffice address on our records, enter the name of the new |
| Name of New Registered Agent: Jud | y McAnnally Kelley |
| New Registered Office Address: 21 Trans | Sver Sale Koad Enter Florida street address |
| Sunc | tu Rosa Beach, Florida 32459 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

| AMBR = AI | uthorized Member | | |
|--------------|-----------------------|---|-------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| Algr | Judy McAnnally | 21 Transversale Road Santa Rosa Beach, FL 38 | |
| Mgr | Judy McAnnally Kelley | 21 Transversale Road Santa Posa Beach, FL 3 | |
| | | <u>.</u> | A Str. |
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| e date this | Santem he | Florida Department of State | :) 14 | | | |
| | Septembe | Judis | Mcanal | Nu Ke | lley- | |
| _ | | Jud | or authorized representati | ve of member | lley | |
| | | 1 yped o | r printed name of signee | f | ſ | |
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| | | | | | | |

Page 3 of 3

Filing Fee: \$25.00