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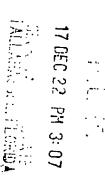
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ÇOVER LETTER

TO: Registration Se Division of Cor		•	
	rabb & Associates, PLLC		
SUBJECT:	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub		
rease return an correspe	Tommy D. Permenter, Jr.,		
	Tonning D. Fermenter, Jr.,		
		Name of Person	
	The Permenter Law Firm,	P.A.	
		Firm/Company	
	2201 S.E. 30th Avenue, Sc	uite 202	
		Address	
	Ocala, Florida 34471		
		City/State and Zip Code	
	Tommy@Permenterlaw.coi		
	E-mail address: (to be used for future annual report notifi	.cation)
For further information of	oncerning this matter, please c	all:	
Tommy D. Permenter, Jr., Esquire		352 622-1811	
Name o	f Person	Area Code Daytime	Telephone Number
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)

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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on September 24, 2012 Florida document number L12000122357 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Lindsay, Crabb & Associates, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

Lindsay, Crabb & Associates, PLLC

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 Type of Action **Address** <u>Title</u> <u>Name</u> □ Add □ Remove ☐ Change □:Change □ Ađđ □ Remove ☐ Change □ Add _□ Remove _□ Change _D Add ☐ Remove _ Change ☐ Add _□ Remove

_ Change

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	January 1, 2018	
Tective date, if other than the done effective date is listed, the date must be tee: If the date inserted in this block cument's effective date on the Dep	ate of filing: e specific and cannot be prior to date of filing k does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 605.0207 filing requirements, this date will not be listed as
record specifies a delayed (The 90th day after the recor		ive time, at 12:01 a.m. on the earlier o
ted December 19	2017	
	Kimell Lodge	
S	gnature of a member or authorized represen	tative of a member

Page 3 of 3

Filing Fee: \$25.00