## 4/2000/33215

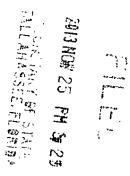
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
· · · · · · · · · · · · · · · · · · ·
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Special Instructions to Filing Officer:
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## **COVER LETTER**

TO: Registration Se Division of Cor		,			
SUBJECT: PATIO	350, LLC				
SOBSECT.	Name of Limit	ed Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspond	ondence concerning this matter	to the following:			
	Patrick Schaefer				
		Name of Person			
	Paío850, LLC				
		Firm/Company			
	850 S. Tennesse	e Avenue			
		Address			
	Lakeland, FL 338	801		720 720	
		City/State and Zip Code			
	patrick@patio850.com			2010 NOV 25	real
		o be used for future annual report notification	on)	81 8	ĵ
For further information of	oncerning this matter, please ca	all:		37 3	!
Patrick Schaefe	er	at (863 )860-5656		800 mg	· · · · ·
Name o	f Person	Area Code & Daytime Te	lephone Number	30	
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)	Certified (	e of Status &	)

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

Patio850, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	<mark>ny as it now appears on our recor</mark> Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 10/19/2012	and assigned
Florida document number L12000133215		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	850 S. Tennessee Avenue	
(Principal office address MUST BE A STREET ADDRESS)	Lakeland, FL 33801	Comment of the commen
		The second
Enter new mailing address, if applicable:	850 S. Tennessee Avenue	in Co
(Mailing address MAY BE A POST OFFICE BOX)	Lakeland, FL 33801	
B. If amending the registered agent and/or registered of	fice address on our records	enter the name of the nev
registered agent and/or the new registered office address her		enter the name of the nev
Name of New Registered Agent:	<del> </del>	
New Registered Office Address:		
	Enter Florida str	eet address
	, Flor	
	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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRI	Bruce Lyon	2324 Brandon Road	Add
		Lakeland, FL 33803	Remove
MGRN	Patrick Schaefer	2855 Meridian Point Lane	
		Lakeland, FL 33812	Remove
			Add
			Remove
	white-confirmation	77 - 77 - 77 - 77 - 77 - 77 - 77 - 77	Add 7
		69	
			_
			Remove
<del></del>			<del></del> -
			Remove

. If amending any other info	rmation, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
, 11/22	2013
ated 11/22	9
26	
-177	Signature of a member or authorized representative of a member
Bruce Lyon	
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00