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SECRETARY OF STATE
AND ASSEC, FLORIDA

NOV 24 2015 S. YOUNG

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: Je		changing to ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
·	Tracey	Name of Person	
		Firm/Company	
	16 Red	word Track Trace	SECOND F
	Ocala,	FL 34472. City/State and Zip Code	W 23
	Honos 197 E-mail address: (1	700 amail. cons. to be uşedifor future annual report notifi	cation) 97 f
For further information con	ncerning this matter, please ca	all:	57 ST
Tracey Lorgs of	r James Brown Person	at (<u>352</u>) <u>208-242</u> Area Code Daytime	39 or (352) 812-7073 Telephone Number
Enclosed is a check for the	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

J. D. Maxing (Name of the Limited	Liability Compan	y as it now appears (on our records.)	
The Articles of Organization for this Limited Lial Florida document number <u>L120001374</u>	bility Company v			and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the state of t	<u>r</u> .			abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	<u> ADDRESS)</u>	Ocklawa	BE 141 of Te	wace
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	POBOX	475 Wa, FL 321	FILED FILED FORETISH OF STA
B. If amending the registered agent and/or registered agent and/or the new registered offi			our records, <u>ente</u>	
Name of New Registered Agent: New Registered Office Address:	Tracey_		Trc da street address	
	Ocala	City	, Florida _	34472 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.

H Changing Megistered Agent, Signature of New Registered Agent

Page 1 of 3

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
		·	Change
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			□ Remove
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			ARPHOR SHAPE SSEE, FLORIDA
			Change
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ffective date, if other the an effective date is listed, the clote: If the date inserted in	date must be specifi	c and cannot be p	rior to date of filin	g or more than 90	(optional) days after filing nents, this date	Pursuant to 605.0
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Filing Fee: \$25.00