

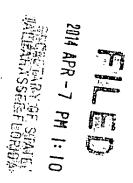
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COVER LETTER

TO:

Registration Section

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 L.) (A F	iability Company lorida Limited Lia	as it nowappears bility Company)	on our records.)		
The Articles of Organization for this Limited Liabil		vere filed on	1cc 27,2012	and assig	gned
Florida document number <u>L 13 000000 1</u>	<u>6 /</u> .				
This amendment is submitted to amend the following	ıg:				
A. If amending name, enter the new name of the	limited liabili	ty company her	œ:		
The new name must be distinguishable and end with the words	s "Limited Liabili	ty Company," the d	esignation "LLC" or t	the abbreviation "L.I	L.C."
Enter new principal offices address, if applicable	:				
(Principal office uddress MUST BE A STREET A	•				
			11-30-00-00-00-00-00-00-00-00-00-00-00-00-	****	
Enter new mailing address, if applicable:		,,,,-			
(Mailing address MAY BE A POST OFFICE BOX	<u>0</u>			<u> </u>	<u> </u>
					Option (
				R R	TOTAL PROPERTY.
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered offic	ce address on	our records, <u>ent</u>	ter the name h	<u>f the</u> ≠new
registered agent and/or the new registered office	<u>aduress nere:</u>			\$\frac{1}{2} \frac{1}{2} \frac{1}{2}	M
Name of New Registered Agent:	Law	rence	Doff,		
New Registered Office Address:	4400	Morth Enter Flori	la street address	hum	
#	Pulm Bea	h 6a colon	Dosty La streki adutress	B 3410 Zip Code	
New Registered Agent's Signature, if changing Regis		~			
I haruby account the appointment or project and an		to not in this -			

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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name **Address** Type of Action MGR George Michael 5300 Georgia Avenue BAdd

West Palm Banch, FL Remove 33405 MORN John Stilley 1719 Oct Hoven Drive - Add Delray Beach, FC 33487 PRemove Mann Sally Stilley 669 Covertry St. DAdd Bocq Raton, FL 334875 Remove ☐ Remove _□ Add ____ Remove

•	gany other intori	mation, enter change(s) n	ere: (Anach adamoni	al sheets, if necessary.)
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		the date of filing: cannot be prior to date of receipt e Florida Department of State)	or filed date and cannot be	(optional) more than 90 days after
		e Florida Department of State)		(optional) nore than 90 days after
the date this d		e Florida Department of State) , 2013	<u> </u>	nore than 90 days after
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