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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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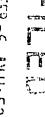
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2018 FEB - 6 AM II: 52 SECRETARY OF STATE TALLAHASSEE FLORIDA



FEB 07 2012 D. BRUCE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Line (A Flo | No Rent Pability Company as it norida Limited Liability Company | Wacation appears on our company) | r records.) | 1994 | |
|---|---|----------------------------------|------------------------|--------------------|---------------|
| The Articles of Organization for this Limited Liabi Florida document number <u>L 13000016</u> (| lity Company were fil <u>) 4 4</u> . | ed on <u>JOMCL</u> | M 31/2013 | and assig | ned |
| This amendment is submitted to amend the following. A. If amending name, enter the new name of the | | npany here: | | | |
| The new name must be distinguishable and end with the "L.L.C." | e words "Limited Liabi | lity Company," the | designation "LLC" | ' or the abl | oreviation |
| Enter new principal offices address, if applicable | e: | | D On | 201 | |
| (Principal office address MUST BE A STREET A | (DDRESS) | | 5 | — C.C. 99 — [7] | 77 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO. | <u></u> | | ASSEC FLORIDA | 6 AH | graduate. |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | lress on our rec | ords, <u>enter the</u> | name of | the new |
| Name of New Registered Agent: | Sandra | P. Houss. | | | |
| New Registered Office Address: | | | | | |
| | | Enter Flor | ida street address | ! | |
| - | C'' | | _, Florida | 7: 0 1 | . |
| Now Devictored Agently Standard 15 - Land 19 Devices | City | | <i>L</i> . | Zip Code | • |
| New Registered Agent's Signature, if changing Regi | sterea 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.

Soudia P. Hous.
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|----------------------|---------------------------------------|----------------|
| MGR. | Gondra P. Horys | 8156 BOAT HOOK LOOP | Add |
| | | Unit 601. Windanmer | |
| | | FL 34486. | **** |
| MGR | Scott Hays | 8156 BOST HOOK LOOP | Add |
| | | Unit GOI Windermere | Remove |
| | | FL 34786 | |
| MGR | Carlos A. Roolriquez | 81576 BOAT HOOK loop | Add |
| | | Unit 601 WindGRARGE | Remove |
| | | F1 34786 | - |
| | | | Add |
| | | A o | Remove |
| | | A A A A A A A A A A A A A A A A A A A | |
| | | LAHASSEE F | Add) |
| - | | STATE | Remove |
| | | | _ No Kelliove |
| | | • | - |
| | | | Add |
| | | | Remove |
| | | | _ |

| . If an | mending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | | | | | |
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| ited | Efbruary 1 st , 2013. | | | | | |
| _ | , | | | | | |
| | Boucha P. Hays. | | | | | |
| | Signature of a member or authorized representative of a member | | | | | |
| | SANDER P. HAYS. | | | | | |
| | Typed or printed name of signee | | | | | |

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