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Division of Corporations

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(((H13000244242 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ROBINSON ACCOUNTING SERVICE

Account Number : I20030000126

Phone : (850)769-2331

Fax Number

: (850)769-0269

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Email Address:

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compan	IV as it now appears on our	records.)
(A Florida Limited Li	lability Company)	,
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000026720</u>	were filed on February 2	20, 2013 and assigned
Tiorida document numbes		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		2013
(Principal office address MUST BE A STREET ADDRESS)	<u>-</u>	- E
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		7. 6
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ds, enter the name of the ne
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florid	a street address
\$46V4		Florida
Nam Dagintanad Amenda Clauseum Makanada Maria	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

Fex Audit No: (((H13000244242 3)))

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 Title Name <u>Address</u> Type of Action 127 Twilight Bay Dr. Stephen A. Redmond **MGRM** Panama City Beach, FL 32407 Remove

Fax Audit No: (((F	13000244242 3)))
D. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	· · · · · · · · · · · · · · · · · · ·
	Wills Will
_	Signature of a member of authorized representative of a member
4.4 44/100	Typed or printed name of signoc
	Page 3 of 3

Filing Fee: \$25.00