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Office Use Only



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COVER LETTER

ΓΟ: Registration Section Division of Corpora			, .
SUBJECT:	One Seven Hol Name of Limite		
The enclosed Articles of Ame	endment and fee(s) are subm	itted for filing.	
Please return all corresponder	nce concerning this matter to	the following:	
-	JAKE	Name of Person	<u> </u>
-		Firm/Company	
-	2910 K	erry Forest P	ky Ste D4-352
- -	Talla E-mail address (10	City/State and Zip Code Kewhit-Field be used for future annual report notified	32312 D gmail.com
For further information conce			
JAKE U Name of Per)HITFIELD rson	at (<u>SSO</u>) 933 Area Code Daytime	-7303 Telephone Number
Enclosed is a check for the fo	ollowing 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

One Seven H (Name of the Limited Liability Co	mpany as it now/appears on our records.) ited Liability Company)	<u>-</u>	•
The Articles of Organization for this Limited Liability Comp Florida document number <u>L1300003974</u>	eany were filed on $3/15/63$	3 and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited One Seven Developme The new name must be distinguishable and contain the words Limited I	ent, LLC	bbreviation "L.L.(C."
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS</u>	<u> </u>		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
Maung dadress MAT BE ATOST OFFICE BOA			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		the name of	•
Name of New Registered Agent:		SECRETARIES SECRET	
New Registered Office Address:	Enter Florida street address		
·	, Florida	-4-2 ·	
New Registered Agent's Signature, if changing Registered Ag	•	2 性常	2
I hereby accept the appointment as registered agent and	agree to act in this capacity. I further ag	gree to comply	with the

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

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 $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			🗖 Add
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			☐ Change
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			☐ Change
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	<i>y.j</i>	
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	WHV.	2 7
Effective date, if other than the date of filing: (optional (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing or more than	ng.) Pursuan	it to 605.0207 _t (
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	ite will not	*****
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m	記 記 n. on the	2: earlier of:
The 90th day after the record is filed.		
Dated Nov 25 , 2015. Signature of a member or authorized representative of a member WKE WHITFIELD Typed or printed name of signee		
14 trello		
-4-10 / (AD-1 1 1		 -
Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00