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AUG 2 1 2015

8 MASON

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CCT:Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Raymon J Land III
	111 Landships LLC / Ray Land Inc Firm/Company P.O. Box 214 / 304 SW Sn Wannee Ave
	P.O.Box 214 / 304 SW SnWannee Ave
	Branford. Fr 32008
	City/State and Zip Code Yay Land C Yay – Land Com Je-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Name of Person at (390) 935-2700 Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$25	5.00 Filing Fee Scertificate of Status Status Certified Copy (additional copy is enclosed) S60.00 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

TO ARTICLES OF ORGANIZATION OF

III Landsk	lips, LLC	
(Name of the Limited L (A F	iability Company as it now appear: lorida Limited Liability Company)	on our records.)
		6/2/13
The Articles of Organization for this Limited Liabil Florida document number 1730000 671	ity Company were filed on 046	and assigned
This amendment is submitted to amend the following	ng:	
If amending name, enter the new name of the	limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the words	"Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	K)	
		
B If amending the registered agent and/or registered agent and/or the new registered office	registered office address on address here:	our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	da street address
	Enter Profi	ua sireet auaress
_	City	, Florida Zip Code
New Registered Agent's Signature, if changing Regis	·	·
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	nd complete performance of a ed agent as provided for in C stered office address, I hereb nge.	ny duties, and I am familiar with and hapter 605, F.S. Or, if this document is y confirm that the limited liability
	If Changing Registered Ag	ent, Signature of New Registered Present
	Page 1 of 3	A III:

or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> Name Address **Type of Action** Goss, Laura Fowler MRS Bron for d, Fz 32008 Krem □ Change _□ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add □ Remove □ Change □ Add ☐ Remove Change

<u>2</u> □ Change

•	•	
		
	ive date, if other than the date of filing: $8 7 5$ (optional)	
E. Effect	ive date, if other than the date of filing: (optional) (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02	207 (3\/h)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records.	as the
4004	tent s enteenve date on the Bepartment of State 3 records.	
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
Dated	August 17, 2015	
Dated		
	Signature of a member of authorized/representative of a member	
	Typed or printed name of signee	
	Page 3 of 3	

Filing Fee: \$25.00