L17000075463

| (R | Requestor's Name) | |
|-------------------------|---------------------|-------------|
| 4) | Address) | |
| | Address) | |
| | | |
| (C | City/State/Zip/Phor | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (E | Business Entity Na | me) |
| | | |
| (C | Document Number |) |
| | | |
| Certified Copies | Certificate | s of Status |
| | | |
| Special Instructions to | o Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



200300693952

Un USv I resile. Years I - ★*Bile

17 JUL -5 AH 7:35

COVER LETTER

| то: | Registration Sect Division of Corp | | | |
|----------------|---------------------------------------|---|---|---|
| SUBJE | CT: <u>\\\</u> S | IDE SCANDINAVI Name of Limi | 1 LLC ted Liability Company | |
| The enc | losed Articles of A | mendment and fee(s) are subr | nitted for filing. | |
| Please r | eturn all correspon | dence concerning this matter t | to the following: | |
| | | ANNIKA CAL | Name of Person | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 4200 MUS | STANCI ROAD Address | |
| | | | City/State and Zip Code | |
| | | annika (ald E-mail address: (1 | Well Egman, com o be used for duture annual report notif | ication) |
| For furt | her information cor | ncerning this matter, please ca | dl: | |
| | Name of | WWZU . Person | at (321) 622 47 Area Code Daytime | 358 Telephone Number |
| Enclose | d is a check for the | following amount: | | |
| □ \$2 5 | .00 Filing Fee | S30.00 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

| Name of the Limited I | The Direction of the Company of the |
|--|---|
| (A) | Liability Company as it now appears on our records.) Florida Limited Liability Company) |
| | ility Company were filed on HAY 22, 2013 and assigned |
| lorida document number <u>L 13000075</u> | <u>463</u> . |
| his amendment is submitted to amend the followi | ing: |
| a. If amending name, <u>enter the new name of th</u> | e limited liability company here: |
| MUSTANG ROA | N 14-C |
| he new name must be distinguishable and contain the words | s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | e: |
| Principal office address MUST BE A STREET A | |
| Trincipui office uddress brost DEA STREET A | MDDRESS _I |
| | |
| | |
| Enter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BO | (X) |
| mutang duaress mai bis a root of rice no | <u></u> |
| | |
| | |
| | |
| 3.7 | registered office address on our records, enter the name of the |
| | · · · · · · · · · · · · · · · · · · · |
| | · · · · · · · · · · · · · · · · · · · |
| | e address here: |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · |
| registered agent and/or the new registered office | e address here: |
| registered agent and/or the new registered office Name of New Registered Agent: | Enter Florida street address |
| registered agent and/or the new registered office Name of New Registered Agent: | e address here: |

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 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

. . .

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|----------------|--|----------------|
| AMBR | SCOTT CALDWELL | 4200 MUSTANG ROAD HELBOURNE, FL 32934 | |
| | | HELBOU 2NE, FL 32934 | □ Remove |
| | | | |
| | | | Change |
| | | | Add |
| | | | Remove |
| | | | Change |
| | | · | |
| | | | ☐ Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | Change |
| | | | Add |
| | | | Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | ☐ Change |

| JUST A NAME. | CHANGE | REOU | ili | | | |
|--|-------------------------|------------------------------------|--------------------|-----------------|---|-------------------------------------|
| • | | | | | | |
| · · · · · · · · · · · · · · · · · · · | <u> </u> | · | | | | |
| | | | | | | |
| | | | ,, | | | |
| | _ | | - . | | | - |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | - | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | <u></u> انتر | : |
| | | | | | | 77 |
| | | , | | | - <u> </u> | |
| | | - | | | <u> </u> | <u>Ca</u> |
| | | | | | | • |
| | | | | | | 3 |
| | | | | - | <u></u> | - |
| | | | | | <u> </u> | : 55° |
| | | | | | | 7 |
| tive date, if other than the date fective date is listed, the date must be sp. If the date inserted in this block denent's effective date on the Department. | es not meet th | it be prior to da le applicable | te of filing or me | re than 90 day: | optional) s after filing.) I s, this date w | Pursuant to 605 ill not be liste |
| ecord specifies a delayed effe e 90th day after the record is | ctive date, ; filed. | but not ar | effective ti | me, at 12: | 01 a.m. or | n the earlie |
| 20 | · | Λ | . 0 0 | | | |
| 1 XB JONE 3017 | | /\ / / N | I = I + I = I | | | |
| 1 28 JUNE 2017 | <u>·</u> | Kala | representative | | | |

Page 3 of 3

Filing Fee: \$25.00