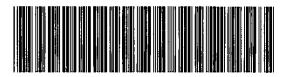
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## **COVER LETTER**

TO: Registration Section Division of Corporations  SUBJECT: To Subject to State of Limited Liability Company  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Parl Slave of Person  Firm/Company  Address  Address  City/State and Supercodes
E-mail indress: (to be used for future annual report nonfication)  For further information concerning this matter, please call:
Paul Ellis, III at 941, 536-724  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$ \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  \$40.00 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

10	5.
ARTICLES OF ORGANIZATION	LEA
OF C	2014 Alin
(Name of the Limited Liability Company as it now appears on our recompany)	CAHANG 21 PH 3: 02
The Articles of Organization for this Limited Liability Company were filed on 7,2	$\frac{2013}{2013}$ and assigned
Florida document number 113000101950	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our recoregistered agent and/or the new registered office address here:	rds, enter the name of the new
Name of New Registered Agent: Paul Ellis II	Iorly
New Registered Office Address:  Enter Florida street ad	tress
	Florida
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.	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> Type of Action <u>Address</u> Name □ Add □ Add ☐ Remove □ Add □ Remove Remove □ Add ☐ Remove □ Remove

ffective date, if other than the date of filing:	(optional)
The effective date must be specific, cannot be prior to date of receipt or fithe date this document is filed by the Florida Department of State)	(optional) iled date and cannot be more than 90 days after
Effective date, if other than the date of filing:  The effective date must be specific, cannot be prior to date of receipt or fithe date this document is filed by the Florida Department of State)  Dated	(optional) iled date and cannot be more than 90 days after  . orbed representative of a member

Page 3 of 3

Filing Fee: \$25.00

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