Division of Corporations

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From:

Account Name : STANTON AND GASDICK, P

Account Number : 075350000152 Phone : (407)423-5203 Fax Number : (407)425-4105

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annual report mailings. Enter only one email address please.\*\*

Email Address: Miche GSE-Low .com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PAULSEN FAMILY HOLDINGS, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

4074264106

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Paulsen Family Holdings, LLC (Name of the Lim	ited Liability Company as (A Florida Limited Liabili	t now appears on our records y Company)	<u> </u>	<del></del>	
The Articles of Organization for this Limited ! Florida document number L13000107397		,		ınd assig	gned
This amendment is submitted to amend the fo	lowing:				
A. If amending name, enter the new name	of the limited liability c	ompany here:			
The new name must be distinguishable and contain the	words "Limited Liability Co.	mpany," the designation "LLC"	or the abbrevial	ion "L.L.	C.*
Enter new principal offices address, if appli	•	, ,,,	₹	r~3	
Principal office address MUST BE A STRE				5	, wages
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Enter new mailing address, if applicable:			र्गते-⊀ शिक्ष		£, 1, 1, 1
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	· · · · ·	······································	<u> </u>		
<ol> <li>If amending the registered agent and egistered agent and/or the new registered of</li> </ol>	ffice address here:	address on our records,	enter the r	iame o	the ne
Name of New Registered Agent:					
New Registered Office Address:	1601 W. Colonial Dri	ve Enter Florida street address		·	
	Orlando		rida 32804		

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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If amendin	g Authorized Person(s) : from our records:			ame, and address of each person being added
MGR = N AMBR = A	lanager Authorized Member	(((H1500030		•
Title	Name		Address	Type of Action
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				□ Remove
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