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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

Division of Cor	porations		
	& FERRIS, LLC	•	,
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	David J Labovitz		
		Name of Person	
	Labovitz Law Firm, P.A.		
		Firm/Company	
	P.O. Box 560205		
	<u></u>	Address	·
	Orlando, FL 32856		
		City/State and Zip Code	
	david@labolaw.com		·
		to be used for future annual report notif	ication)
For further information c	concerning this matter, please c	all:	
David J Labovitz		407 970-8633 at ()	
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	_		/
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	✓ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration	Section	Registration Sec	ction

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GODWIN & FERRIS, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number L13000156878	ny were filed on 11/07/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility 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 agent and/or the new registered office address here:	e address on our records, <u>enter the</u>	SECRETARY OF STARY For the listered
Name of New Registered Agent:	<u>-</u>	
New Registered Office Address:	Enter Florida street address	 -
•	Florid	a
	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. 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Dennis Godwin	6001 Anno Avenue	□Add
		Orlando, FL 32809	■ Remove
			□Change
MGR	Troy Ferris	6001 Anno Avenue	= Add
		Orlando, FL 32809	□Remove
			□Change
	<u> </u>		Dbd
			□ Change
			□Add
			□Remove
			☐ Change
	<u> </u>		□Add
			□Add
			Remove
			□Change

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Filing Fee: \$25.00