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## **COVER LETTER**

**Registration Section** 

TO:

Division of Co	rporations		
	ntain States, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Bryan J. Stanley, Esq.		
		Name of Person	
	Bryan J. Stanley, P.A.		
	<del></del>	Firm/Company	
	209 Turner Street		
	<del> </del>	Address	
	Clearwater, FL 33756		
		City/State and Zip Code	
	bryan@bryanjstanley.com		
	. •	to be used for future annual report	notification)
For further information of	concerning this matter, please e		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Bryan J. Stanley, Esq.		727 461-1702	,
		at () Area Code Day	
Name o	of Person	Area Code Day	time Telephone Number
Enclosed is a check for t	he following amount:		
	<u>-</u>		
■ \$25.00 Filing Fee	☐ \$30.00 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 Addre		<u>Street Address</u>	<u>:</u>
Registration		Registration	
Division of C	•	Division of C	
P.O. Box 632			f Tallahassee
Tallahassee,	rl 34314	2415 N. Mor	roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ed Liability Compar (A Florida Limited L	ny as it now appears on our records iability Company)	<u></u>
iability Company	were filed on 12/30/2013	and assigned
f the limited liabi	lity company here:	
ords "Limited Liabili	ty Company," the designation "LLC"	or the abbreviation "L.L.C."
able:		
	<del>-</del>	
I ADDRESS)	<u> </u>	
	<u> </u>	
BOX)		<del></del>
	ddress on our records, <u>enter t</u>	the name of the new registe
ss here:		
N/A		<del></del>
	Enter Florida street address	
		rida Zip Code
	iability Company owing:  f the limited liability ords "Limited Liability able:  T ADDRESS)  BOX)  egistered office ass here:	sords "Limited Liability Company," the designation "LLC"  able:  TADDRESS)  BOX)  egistered office address on our records, enter (ss here:  N/A  Enter Florida street address

## 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 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	CURTIS J. NEEL	410 Park Place Blvd, Suite 100, Clearwater, FL 3375	9 <b>≣</b> Add
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Effective date, if other that I an effective date is listed, the da Note: If the date inserted in t	ms prock does not the	cei me abbiicable	te of filing or more the statutory filing requ	(optional) an 90 days after filing.) P tirements, this date w	tursuant to 605.0207 (ill not be listed as t
document's effective date on					
	ective date, but not a	an effective time, a	at 12:01 a.m. on the	earlier of: (b) The 9	00th day after the
record specifies a delayed eff d is filed.			at 12:01 a.m. on the	earlier of: (b) The 9	Oth day after the
record specifies a delayed eff d is filed.	ective date, but not a		at 12:01 a.m. on the	earlier of: (b) The 9	Oth day after the

Filing Fee: \$25.00