Division of Corporations Electronic Filing Cover Sheet

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(((H16000106958 3)))



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To:

Division of Corporations

Fax Number

: (950)617-6383

From:

Account Name

: GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078 Phone

: (407)843-8880

: (407)244-5690

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JOHN YOUNG PARKWAY, LLC

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Electronic Filing Menu

Corporate Filing Menu

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Y SULKER

## (((H16000106958 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of New Registered Agent:		
Name of Name Universed Access		
registered agent and/or the new registered office ad-	dress here:	
B. If amending the registered agent and/or regis	istered office address on our re	ecords, enter the name of the nev
		7 70 75 (0
(Mailing address MAY BE A POST OFFICE BOX)		<del>}</del>
Enter new mailing address, if applicable:		· • •
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new principal offices address, if applicable:	<del></del>	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name of the lin	nited liability company here:	
This amendment is submitted to amend the following:		
Florida document number L14000004606		
The Articles of Organization for this Limited Liability	Company were fried on	and assigned

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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H16000106958 3)))

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	WOOD, KENNETH L	2070 S ORANGE BLOSSOM TR	☐ Add
		APOPKA, FI, 32703	Remove
		····	Change
AMBR	AMBR CORP. OF BREVARD, INC.	21 W FEE AV, SUITE F	<b>a</b> Add
		MELBOURNE. FL 32901	Remove
			Change
			☐ Remove
			□ Add
			Change
			□ Remove
			Change
			🗆 Aðd
		Remove	
			□ Chanec

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I smending any other information, enter change(s) here: (Anach additional sheets, if necessary)	
	<del></del>
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,	
	<u> </u>
Rective dere, if other than the date of filing:	
(optional) an officer than the date of filling:  optional)  an officerive date is listed, he date must be specific and connect be grier to this of filling or extre than 90 days after filling.) Pure option of the date inserted in this block dates not meet the applicable statutory filling equirements, this date will a comment's effective date on the Department of State's records.	autor to 605.0207 (3)(b)
a record specifies a delayed effective date, but not on effective time, at 12:01 a.m. on t The 90th day after the record is filed.	he carlier of:
April 29 2016	
Samuel E. Gout	<u> </u>
Shranno of a manufact of authorized impresentative of a member	

Page 3 of 3 Filing Fee: \$25.00

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