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COVER LETTER

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SUBJF	ECT:	FORIDA A			
		Name of Limit	ed Liability Company		
The en	closed Articles of Amer	adment and fee(s) are subit	nitted for filing.		
Please	return all correspondence	ce concerning this matter t	o the following:		
	_	704	HWK. BRO Name of Person		
	_	Fior	IDA AENDOROMES, Firm/Company	uc	
	-	P.O.	BOX 2322 Address		
	_	PIN	City/State and Zip Code	745	1. 7. 6.
		li-mail address: (1	NYBROO KENPY to be used for future annual report notifi	IBRO, COM	TAR 20 PH
For fu	rther information conce	rning this matter, please ca	ill:		P Mar
	Name of Pers	M BRO	at (<u>847</u>) <u>'784</u> Area Code Daytimo	E Telephone Number	1:25
Enclos	sed is a check for the fo	Howing amount:			
□ \$0	25.00 Filing Fee	1 \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing For Certificate of S Certified Copy (additional copy is	

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 Cemer Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liab	ACME, LLC as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L1400007227</u> .	ere filed on JANDAM 10, 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Ξύ.
(Principal office address MUST BE A STREET ADDRESS)	7 F9
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	R 20 PM 1: 25
B. If amending the registered agent and/or registered officestered agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our records, enter the name of the new
New Registered Office Address:	
	Emer Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	Cny Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	verformance of my duties, and I am familiar with and covided for in Chapter 605, F.S. Or, if this document is

H Changing Registered Agent, Signature of New Registered Agent

MGR = N			
AMBR = A	authorized Member		
<u>l'itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JOHN K. BJOD	12511 CHNUETRL. BOKEELIA, FL 33922	Add
			□ Remove
			☐ Change
MGR	WILLIAM BRD	17511 (LANOUT TO L.	□ Add
		12511 CANOE TEL BOKEBLIA, FL 33922	Remove
			☐ Change
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an effective d lote: If the	te, if other that late is listed, the dat date inserted in the effective date on t	te must be specifi his block does 1	ic and canno not <mark>meet t</mark> l	ne applicabl	date of filing le statutory	or more than filing requir	(optic 90 days after ements, this	filing.) Purs	alant to 60 not be lis	05.02 sted
	specifies a del day after the			but not a	an effectiv	ve time, a	it 12:01 a	.m. on t	he earl	lier
ated	MARCH	15	 	2017	. •					
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