## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : ROBERT D. ROYSTON, JR., P.A.

Account Number : I20150000047 Phone : (239)205-2225 Fax Number : (239)205-2016

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Fax: (239) 205-2225

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited	any as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Clorida document number L14000015723	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	850 Shilo Rd.	A A
Principal office address MUST BE A STREET ADDRESS)	Sarasota FL 34240	
		(C) 3
Enter new mailing address, if applicable:	850 Shilo Rd.	
Mailing address MAY BE A POST OFFICE BOX)	Sarasota FL 34240	
	<u></u>	<u> </u>

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

. . . .

MGR = Manager

AMBR = Authorized Member

To:

Fax: +1 (850) 617-6383 Page 3 of 4 08/29/2015 3:06 PM

□ 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:

Title	Name	Address	Type of Action
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D. If amen	ding any other informat	ion, enter change(s)	here: (Attach additional she	ets, if necessary.)		
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E Effective	e date, if other than the o	date of filings				
(If an effec	tive date is listed, the date must	be specific and cannot be	prior to date of filing or more than 9	(optional) 00 days after filing.) Pur	suant lo	605.0207
Note: If	the date inserted in this blo it's effective date on the De	ck does not meet the ap	oplicable statutory filing require	ments, this date will	not be	listed as
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Page 3 of 3 Filing Fee: \$25.00

Signature of a member of authorized representative of a monibor.

Typed or printed name of signee

Robert D. Royston, Jr., Authorized Representative of a Member