L140000 29052

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05/16/14--01006--004 **25.00



TELLINOIS MAY 5 3 5014

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	Liability Company as it now appears on our Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liab	ility Company were filed on	and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the wor		on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	TAS -
	and the second s	
Enter new mailing address, if applicable:		SS 5 Fame
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		00 S
B. If amending the registered agent and/or registered agent and/or the new registered office		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
_		, Florida
	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			☐ Remove	
			Add	
			□ Remove	
			· · · · · · · · · · · · · · · · · · ·	
			Add	
			☐ Remove	
			Remove	
			A S. D. Add Section	
			□ Remove	
			ORIDA	
			Add	
			□ Add	
			□ Remove	

D.	If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	٠	<u>, , , , , , , , , , , , , , , , , , , </u>
E.	Effec	tive date, if other than the date of filing: (optional)
	(The ef	retive date, if other than the date of filing:
	Date	NA. 1/A 201/A
	Date	· · · · · · · · · · · · · · · · · · ·
		Signature of a member of authorized representative of a member
		Typed or printed name of signee

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TALLAHASSEE, FLORIDA