## L14000039786

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800301915088

07/31/17--01003--001 \*\*30.00

T JUL 28 PH 3: 88

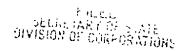
917 JUL 28 PH 3: 5

M. MILLIGAN JUL 28 2017

## COVER LETTER

FO: Registration Sect Division of Corp	ion orations			
·Pas	1(1)(1)			
SUBJECT: YOS	Name of Limite	d Liability Company		
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.		
Please return all correspon	dence concerning this matter to	the following:		
	Robert 1	Name of Person		
	Pert Loco	Firm/Company		
	1880 Page	Address		
	Tall FI.	32305 City/State and Zip Code		
	OFFICE DEST	be used for future annual rep	ort notification)	<del></del>
For further information co	oncerning this matter, please ca	11: 7 (c	5-7581	
Rubert Name of	MIXUN Person	at (850) 3 1 Area Code	Daytime Telephone Nu	mber
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Cert	00 Filing Fee, tificate of Status & tified Copy titional copy is enclosed)
Regist	ING ADDRESS: ration Section on of Corporations	Registratio	COURIER ADDRES  n Section f Corporations	SS:
P.O. B	ox 6327 assee, FL 32314		ilding utive Center Circle e, FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



17 JUL 28 PH 3: 58

liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on 3-10-2014 and assigned Florida document number <u>[ ] 4</u> ww39786. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City 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

or remove	d from our records:		
MGR = 3 AMBR = 3	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
		·	Remove
			Change
			□ Add
			☐ Remove
			Change
			Remove
			Change
			□ Remove
			Change
			Add
		<u> </u>	□ Remove
			Change

If amending any other information, enter	change(s) here: (Attach t	idatitonal sneets, ij necessar	v.)
			·
<u> </u>			· · · · · · · · · · · · · · · · · · ·
	-		<del></del>
			<del></del>
			<del> </del>
			<del></del>
			<u> </u>
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Effective date, if other than the date of fill (If an effective date is listed, the date must be specific a Note: If the date inserted in this block does not document's effective date on the Department of	it meet the applicable statute	(optional ing or more than 90 days after filing requirements, this date	l) g.) Pursuant to 605.0207 ( e will not be listed as t
he record specifies a delayed effective The 90th day after the record is file	e date, but not an effe d.	ctive time, at 12:01 a.m	. on the earlier of:
Dated July 28	. (997)		
Sanny Signature o	a member or authorized repre	sentative of a member	<u></u>
Tammy L. M.	Typed or printed name of	signce	## 3ECT:: 17 JUL :
	Page 3 of 3		instruction of Control
	Filing Fee: \$25.	00	अस्ति।   अस्ति।