L140000 40537

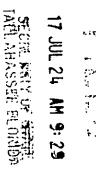
(Requestor's Name)
(Address)
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(Document Number)
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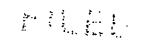
COVER LETTER

Division of Co			
Woodshire SUBJECT:	:-Brevard, LLC		
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	K. Van Meir		
		Name of Person	
	Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following: K. Van Meir Name of Person Mosley & Wallis, P.A. Firm/Company 1221 E. New Haven Ave. Address Melbourne, FL 32901 City/Nate and Zip Code kathiv@m-wlaw.com E-mail address: (to be used for future annual report notification) n concerning this matter, please call: at (
		Firm/Company	
	1221 E. New Haven Ave.		
		Address	
	Melbourne, FL 32901		
		City/State and Zip Code	
	~		and in the second
For further information of		·	icanon)
K. Van Meir			
Name (of Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &

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 Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



17 JUL 24 AM 9: 29

Woodshire-brevard, LLC

5E GHE WHY UP SHAME (Name of the Limited Liability Company as it now appears on our records 145 St. Pt.)(ND).
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Li Florida document number <u>L14000040537</u>		were filed on $\frac{03/1}{2}$	11/14	and assigned
This amendment is submitted to amend the follo				
This amendment is submitted to amend the fonc	wing.			
A. If amending name, enter the new name of	the limited liabi	lity company her	<u>·e</u> :	
n/a				
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the de	signation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:		6140 Dovecote L	ane	
n/a The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E) B. If amending the registered agent and/o		Memphis, TN 38	120	
				
Enter new mailing address, if applicable:		6140 Dovecote L	ane	
.,	BOX)	Memphis, TN 38	120	
B. If amending the registered agent and/or the new registered of			our records, enter the	name of the new
Name of New Registered Agent:	n/a		 	
New Registered Office Address:	n/a			
	Enter Florida street address			
	n/a		Florida _ ^{n/a}	
		City		îp Code
New Registered Agent's Signature, if changing R	tegistered 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Change
			☐ Remove
			Change
			Add
			□ Remove
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Zip code for principal/i			·				_
							
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ffective date, if other tha	n the date of fi	ling:			_(optional)		
an effective date is listed, the dangle in the date inserted in the date inserted in the date inserted in the date on the date of the date	this block does no	ot meet the app	licable statutor	ig or more than 90 c y filing requireme	lays after filing.)	Pursuant to 6 will not be li	05,020°. sted as
e record specifies a de The 90th day after th			not an effect	tive time, at 1	2:01 a.m. d	on the ear	lier o
Ontack July 18		2017					
Dated			<u> </u>				
)				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00