14000046292

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COVER LETTER

TO:	Registration Se Division of Cor			
erib ite	2SI LLC			
SODJE.	CT:		ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		MATTHEW T COYLE		
			Name of Person	
		2SI LLC		
Firm/Company				
6882 LACY DRIVE				
2SELLC Firm/Company 6882 LACY DRIVE Address LAKELAND, FLORIDA 33813 City/State and Zip Code COYLEREGAL1@HOTMAIL.COM				
	Firm/Company 6882 LACY DRIVE Address LAKELAND, FLORIDA 33813 City/State and Zip Code			
			City/State and Zip Code	
COYLEREGAL1@HOTMAIL.COM				
Con Com	h != 6		·	cation)
ror ture	ner information co	oncerning this matter, please co	an:	
MATT	HEW T COYLE		at () 698-0042 Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

281 LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our record a Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability (Florida document number L14000046292	Company were filed on 3/20/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited 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 ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi		s, enters the name of the ne
N CN D		Lorio H:49
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres:	s
	, Flo	orida
	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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	LEVENTHAL, REEVE	5401 S KIRKMAN ROAD	■ Adá
		SUITE 310	☐ Remove
		ORLANDO, FLORIDA 32819	☐ Change
			□ Add
			☐ Remove
			☐ Change
			Add
			Remove
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			Remove FLORING Change
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rective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing tee: If the date inserted in this block does not meet the applicable statutory cument's effective date on the Department of State's records.	(optional) g or more than 90 days after filing.) Pursuant to 605.02 filing requirements, this date will not be listed	207 (. as d
record specifies a delayed effective date, but not an effecti The 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlier	of:
1		
signature of a member or authorized represen		
/ / /		

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Typed or printed name of signee

Filing Fee: \$25.00