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SECRETARY OF STATE

K.SALY EXAMINER JUN 10 2014 •

COVER LETTER

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

ARTICLES OF A	AMENDMENT	\mathcal{L}_{I}
TO)	LEN
ARTICLES OF O	RGANIZATION	2014.1111
Ol	F .	OUN -4 PM 2
	THE TICH - CHENT	2014 JUN-4 PM 3: 44 SECRE JARY OF STATE CASSEE STATE
(Name of the Limited Liability Compan (A Florida Limited Li	ay as it now appears on our records.) iability Company)	TORIO.
The Articles of Organization for this Limited Liability Company v Florida document number <u>L140007</u> 34		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and end with the words "Limited Liabit	lity Company," the designation "LLC" or ti	he 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:		
Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	-	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Authorized Member Type of Action Title <u>Name</u> Address Patricia Sexions 2732 Forest Outs Drive Gradd orange Park FC 32073 | Remove ☐ Add ☐ Remove JON Sessions 2732 Forest Oaks Drive DAdd orange Park, FC 32073 □ Add _□ Remove _□ Add □ Remove ☐ Remove

D.	If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	

E,	Effective of (The effective the date this	date, if other than the date of filing: (optional) c date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)	
	Dated	6-10, 2014	
		Signature of a member or authorized representative of a member	-
		Typed or printed name of signer	_

Page 3 of 3

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