## L14000088754

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Ellen Fesmine CRNFA LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ellen Fesmire Name of Person
Ellew Fosmire, CRNFA
10110 NW County Road 235
Alachua F2 32615 City/State and Zip Code
CE FESMIRE DAOL. COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ellen Fesmire at (352) 339-6755  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  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

Ellen Fesmire C	RNFA LL	2C	
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our ability Company)	r records.)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L/4000088754</u>	vere filed on <u>Juns</u>	3, 2014 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil  Woodhaven Swaica    The new name must be distinguishable and contain the words "Limited Liability"		ES, LLC on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		. <u></u>	
Enter new mailing address, if applicable:  (Mailing 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		records, enter the name of the nev	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stre	et address	
		, Florida	
	City	Zip Code	
Enter Florida street address, Florida			
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agre			

Page 1 of 3

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 Name

Address
10110 NW County Road 225 Type of Action

RAChel Quintana Alachua, FL 32615 Hadd Title ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Add ☐ Remove Charage ട്ട്. \_⊡ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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te:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie a 90th day after the record is filed.
ted	JANUARY 13, 2012.  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Elley Fesmire
	Typed or printed name of signee
	1.0H 2:

Filing Fee: \$25.00