## 1-14000106949

| (Requestor's Name)                        |          |
|---|----------|
| (Address)                                 |          |
| (Address)                                 |          |
| (City/State/Zip/Phone #)                  |          |
| . PICK-UP WAIT M                          | AIL      |
| (Business Entity Name)                    |          |
| (Document Number)                         |          |
| Certified Copies Certificates of Status _ | <u>-</u> |
| Special Instructions to Filing Officer:   |          |
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Office Use Only



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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ity Company as it now appears of<br>a Limited Liability Company)  | on our records.)  |  |
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| Company were filed on 7/7/1   | 4 and as  | signed   |
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| nited liability company here  | <b>:</b> :  |  |
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| nted thannity Company, the desi   | gnation LLC. or the appreciation [1]  | .1( ۱۲۹  |
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| stered office address on o  | our records enter the name  | of the new   |
| lress bere:   | our records, enter the name   | of the new   |
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|   |   |  |
| Enter Florida   | a street address  | <del></del>  |
|   | , Florida   |  |
| City  | Zip Code  |  |
| 1   | Company were filed on 7/7/1  nited liability company here mited Liability Company," the des  RESS)  stered office address on offices here:  Enter Florida | stered office address on our records, enter the name dress here:  Enter Florida street address Florida |

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>    | Address                       | Type of Action               |
|--------------|----------------|-------------------------------|------------------------------|
| MGR          | Daryl Bank     | 1391 NW Saint Lucie West Blvd |                              |
|              |                | Port St Lucie, FL 34986       | Remove                       |
|              |                |                               | Change                       |
| MGR          | Robert Palermo | 1391 NW Saint Lucie West Blvd | Add                          |
|              |                | Port St Lucie, FL 34986       | Pemove                       |
|              |                |                               | ☐ Change                     |
| AMBR B       | Brad Sperling  | 1391 NW Saint Lucie West Blvd | <b>=</b> Add                 |
|              |                | Port St Lucie, FL 34986       | □ Remove                     |
|              |                |                               | Change                       |
| MGR          | Rae Gibson     | 1391 NW Saint Lucie West Blvd | Add                          |
|              |                | Port St Lucie, FL 34986       | Remove                       |
|              |                |                               |                              |
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| Effect | tive date, if other than the date of filing:   |
| Note:  | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the         |
| docun  | nent's effective date on the Department of State's records.  |
|        |  |
|        | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed. |
| ,      | s sour day after the record to med.  |
| Dated  |  |
| Datett |  |
|        |  |
|        | Signature of a member or authorized representative of a member   |
|        | Rae Gibson   |
|        | Typed or printed name of signee  |

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Filing Fee: \$25.00