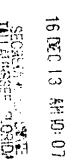
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D. SCOTT DEC 1 3 2016

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Wildwoop Country Chy 5 200
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Davin L. Milyury Namoof Person
Firm/Company
58 Boyster Dr.
Coarford withe 71. 32327
City/State and Zip Code Manage of the Company of t
For further information concerning this matter, please call: So 5/0-/035 So 5/0-/
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

 \mathbf{OF}

(Name of the Limited Liability Com (A Florida Limite	npanyas it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa	ny were filed on July 18, 7819 and assigned
Florida document number <u>L14 600 1137 3</u> 9	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
he new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the 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:	ىنى نارى قا
Mailing address MAY BE A POST OFFICE BOX)	
	$\frac{360}{90} = \frac{360}{90}$
If amending the registered agent and/or registered	office address on our records, enter the name of the name
egistered agent and/or the new registered office address h	office address on our records, enter the name of the new nere:
Name of New Registered Agent:	
New Registered Office Address:	
•	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Age	City Zip Code
provisions of all statutes relative to the proper and comple	agree to act in this capacity. I further agree to comply with the ete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is like address. I hereby confirm that the limited liability

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 = M $AMBR = A$	Ianager authorized Member		
Title	<u>Name</u>	Address	Type of Action
Sec.	Sugar A. M. Chan	58 Boysser Dr.	
		58 Boysser Ln. Churfordville II.	Remove
		32327	Change
		· .	🗆 Add
			☐ Remove
		·	Change
	·		
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If the date inserted in this blonent's effective date on the De	t be specific and cannot be prior to date ock does not meet the applicable separtment of State's records. Deffective date, but not an	tatutory filing requirements, this d	ing.) Pursuant to 605:0 ate will not be listed
12-130 Luis	Manature of a member or authorized	representative of a member	
	3.10.110.110.110.110.110.110.110.110.110	3	

Page 3 of 3

Filing Fee: \$25.00