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COVER LETTER

TO: Registration Sect Division of Corpo			•
SUBJECT:	Q. Clarke Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	İ
Please return all correspond	dence concerning this matter	to the following:	
	Richa	rd Clarke Name of Person	
	RRC	Firm/Company	
	<u>5510</u> 8	Bradley 5t	i i
	PENSACO Ricky 8: E-mail address: (1	City/State and Zip Code 32526 (L.com (ication)	
For further information con	ncerning this matter, please ca	d1:	
Name of I	Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	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

_ R.V. Clarke		
(Name of the Limited Lia (A Flo	ability Company as it now appears on our orida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	y Company were filed on	05-2014 and assigned
Florida document number <u>L14000122</u>		:
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	limited liability company here:	1
		NA
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(<u>Principal office address MUST BE A STREET AD</u>	DRESS)	 ;
		!
.		
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re	egistered office address on our re	ecords, enter the name of the new
registered agent and/or the new registered office a	ddress here:	f
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	a.	, Florida
New Registered Agent's Signature, if changing Regist	City	Zip Code
		. I Const
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to march reflect a charge in the registered	d complete performance of my dut d agent as provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
being filed to merely reflect a change in the regist company has been notified in writing of this chang		rm that the timited flability
		32.30 1
	TOOL - D. C. LA. C.	23 N
	If Changing Registered Agent, <u>Sign</u>	nature of New Registered Agent
	Page 1 of 3	STA

. 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 Title Name **Address Type of Action** Jason Grant 3/19 Coistine 3+ DAdd 1AMBR ____ Change Curtis Faircloth 4404 Devoushire Pl Madd Pace F1 32571 ___ Change ☐ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add Remove Change □ Remove

¹ ☐ Change

If amen	ding any other inf	ormation, enter	change(s) here	: (Attach addition	al sheets, if nec	essary.)	
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ur an enec Note: I	re date, if other that ctive date is listed, the d f the date inserted in nt's effective date or	ane must be specific this block does no	and cannot be prior of timeet the applica	DO CRICE OF HILIDS OF HUOL	(opti e than 90 days after requirements, thi	filing.) Pursuant to	605.0207 (listed as t
he reco	ord specifies a de 90th day after th	elayed effective e record is file	e date, but not ed.	t an effective tin	ne, at 12:01	a.m. on the ea	arlier of
Dated _	8-23	-2016		- '		2016 (18)	T
	R	Signature	Clarke	orized representative o	f a member	25 A	ED
			Typed or print	d name of signee		STATE ORID	_

Page 3 of 3

Filing Fee: \$25.00