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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	≘#)
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(Document Number)		
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FILED SAFE

OCT 26 2016 J. HARRIS

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT:	Lihy Menical Name of Limit	ed Liability Company	
The enclosed Articles	of Amendment and fee(s) are subr	nitted for filing.	
Please return all corre	spondence concerning this matter t	to the following:	
	MATT	Reynolos Name of Person	
	Lily M	POICE LL	<u>C</u>
	8215 No	incodstee Par	nKln. Ste 216
	Onlando	PL 328 2 City/State and Zip Code	. 2
	Mneal 13 n 77	o be used for future annual report no	tification)
For further information	n concerning this matter, please ca		,
MATT K	e of Person	at (352) A 34 Area Code Daytin	me Telephone Number
Enclosed is a check for	or the following amount:	•	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

LIN Merical	11C		
(Name of the Limited Liability Compa (A Florida Limited	uny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 8/28/14 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	8215 Narcoaisee Pan/Con		
(Principal office address MUST BE A STREET ADDRESS)	Suite alb		
·	CICUTAISO I E SO ON		
Enter new mailing address, if applicable:	8215 Nourcoossee Pank Un		
(Mailing address MAY BE A POST OFFICE BOX)	Suite 21b		
•	Onlawou FL 32522		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter the name of the new</u> <u>e</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code		
hereby accept the appointment as registered agent and agreer provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		
	6 . 8		
If Char	iging Registered Agent, Signature of New Registered Agent		

Page 1 of 3

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 = A	uthorized Member	• • •	
<u>Title</u>	Name	Address	Type of Action
M612	Jackie Tomass.	4226 isle Vista Aug Orlando, FL 32812	D Add
		Octardo, FL 32812	Remove
			☐ Change
	<u> </u>		Add
			Remove
			Change
	·		D Add
			□ Remove
			Change
			□ Add
	·		□ Remove
			Change
	•		
			Remove
			D.Change
			□.Change
			□ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
	<u>_</u>	
·		
E. Effective date, if other than the date of filing:	suant to 605.0	0207 (3)(b) d as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t (b) The 90th day after the record is filed.	:he earlie	r of:
Dated October 21, 2016.		
M		
Signature of a member or authorized representative of a member RyAW DAS CA	16 00	* 0. - 0. - 0. - 0. - 0.
Typed or printed name of signee	124	
Page 3 of 3	PH 12:	SA SA
Filing Fee: \$25.00	25	