Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: DAVID R. CARTER, P.A.

Account Number : 120010000053 Phone

: (352)686-6278

Fax Number

: (352) 6F6-7324

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CARTER, CLENDENIN & FOREMAN, PLLC

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Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		n & Foreman, Pllc				
(Name of the Lim	ted Liability Compa (A Florida Limited I	ny as II now appears on or liability Company)	ir records.)			
The Articles of Organization for this Limited L	iability Company	were filed on Octobe	т 28, 2014	а	nd assigned	
Florida document number L14000176432	·					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company here:				
Not Applicable			<u>:</u>	_		
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designs	ion "LLC" or the	abbrevia	tion "L.L.C."	
Enter new principal offices address, if appli	Enter new principal offices address, if applicable:		5308 Spring Hill Drive			
(Principal office address MUST BE A STRE		Spring Hill, FL 34606				
Enter new mailing address, if applicable:		5308 Spring Hill Driv	e			
(Malling address MAY BE A POST OFFICE	: BOX)	Spring Hill, FL 34606			~	
	 -				<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of			records, ente	er the r	namerof the	
Name of New Registered Agent:	Matthew A. Fo	reman	<u> </u>	<u> - </u>	*	
New Registered Office Address:	5308 Spring Hill Drive				ω	
		Enter Florida sin	et address		•	
	Spring Hill		, Florida _	34606		
					Code	

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

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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
MGR	Gary S. Clondenin	7419 US Highway 19	
		New Port Richey, FL 34652	= Remove
			Change
			□ Remove
			Change
		· .	□ Вешоуе
			Chunge
			□ Add
			Remove
			Change
			D Add
			Петоче
			Change
			□ Remove
			Change

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Not Applicable.		
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ective date, if other than the	date of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) P	
effective date is listed, the date muster: If the date inserted in this blooment's effective date on the De	ick does not meet the applicable statutory filing requirements, this date wi	ursuant to 605. If not be liste
record specifies a delayed he 90th day after the reco	effective date, but not an effective time, at 12:01 a.m. on	the earli
ine potition, after the tool	·· · · · · · · · · · · · · · · · · · ·	
October 18	2017	
_	Lmo	
	Signature of a member or authorized representative of a member	
	Matthew A. Foreman , MANAGER	

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Filing Fee: \$25.00