L14000193096

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SLORETARY OF STATE
ALL SHARSSFE, FLORIDA

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COVER LETTER

TO: Registration Se Division of Con				
SUBJECT: <u>P</u>	nnacle Choic Name of Lim	e Properties ited Liability Company	uc	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Kin	Name of Person		
		Firm/Company		
	132	Redwing RD. Address		
	Tavern	Redwing RD. Address ier FL 33 07 City/State and Zip Code	0	
	E-mail address: (to be used for future annual report n		
For further information of	concerning this matter, please co	all:	olification) ALL ARE THE FIRE	7
	of Person	at (<u>30≤</u>) <u>393</u> Area Code Dayt	3- 2787 SSR 29 ime Telephone Number CT 2: 2: 2	
Enclosed is a check for t \$25.00 Filing Fee	-	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,	
μα φ23.00 Fining rec	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	

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

	d Dice Production of Company A Florida Limited Lia	as it now appears on our recordibility Company)	<u>ds.</u>)
The Articles of Organization for this Limited Li	ability Company w	vere filed on 12/17/1	4 and assigned
Florida document number <u>L14000193</u>		' /	
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liabili	ty company here:	
The new name must be distinguishable and contain the we	ords "Limited Liability	Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>30X)</u>		
B. If amending the registered agent and/or the new registered of	_	ce address on our record	2016 SEC
Name of New Registered Agent:	Largo	miller	AFT 6
New Registered Office Address:	Short	Enter Florida street addre.	SSEE FLO
		, FI	lorida Zip Code
		City	I, Zipa ode

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 Type of Action **Title** Address Name Michael FThaler 132 Redwing Pd.,
Tavernier, FL 33070 □ Add Remove _□ Change Largo Miller 168 Hood Ave Add Tavernier FL 33070 ☐ Remove □ Change ☐ Add ☐ Remove ☐ Change Remo Change Z Z Add ☐ Remove ☐ Change ☐ Add ☐ Remove

☐ Change

O. If amending any other information, enter change(s) here: (Attach	
	· · · · · · · · · · · · · · · · · · ·
	
	73
	
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	7: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2:
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of fi	(optional) (ling or more than 90 days after filing.) Pursuant to 605 0207 (3)
Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effe	ective time, at 12:01 a.m. on the earlier of:
The 90th day after the record is filed.	saire ame, at 12101 amm on the camer on
Dated <u>\$-23-2016</u> ,	
Langer 100	
Signature of a member or authorized repre	sentative of a member
Largo Miller Typed or printed name of s	signee

Page 3 of 3

Filing Fee: \$25.00