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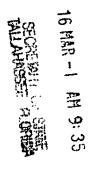


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COVER LETTER

то:	Registration Sec Division of Corp				
SUBJI	ЕСТ:	CENTRAL Name of Limi	FURING A	EAL ESTATE	BOOKER
The en	closed Articles of A				
Please	return all correspon	dence concerning this matter	to the following:		
			Name of Person	JEFFCOA	5
			Firm/Company		
		106	33 WINDSO	R PL	
		ORL	City/State and Zip Code	3282/	r
		·	•	cation) (gm)	AIL.Com
For fur	ther information co		4		
	Name of	V JEFFCRA Person	at (407) 43 Area Code Daytime	Telephone Number	
Enclos	ed is a check for the	following amount:			
□ \$2	5.00 Filing Fee		Certified Copy	Certificate of Status &	

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

ed Liability Company as it now appears on our (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number ____ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Limited Liability 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: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 Hability company has been notified in writing of this change.

City

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

Title Name Address PO633 Winneson Styre of Action

AMBR CDWARD J. JOST CONTROLL ORGANIZO FULL - Add

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lf amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note: if document the record	whate, if other than the date of filing: (optional) (ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60: the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list c's effective date on the Department of State's records. In specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliable day after the record is filed.	ed as the
Dated	MARCH 01, 2016	- <u></u> 4
	Signature of a member or authorized representative of a member	6 MAR
	Typed or printed name of signee	24
	Page 3 of 3	<u>9</u> : 35

Filing Fee: \$25.00