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J. Stavers MAR 0 6 2015

## **COVER LETTER**

	tion Section of Corpora			
SUBJECT:	Patric		ted Liability Company	
The enclosed Artic	cles of Ame	endment and fee(s) are subr	nitted for filing.	
Please return all co	orresponde	nce concerning this matter t	to the following:	
	•	-	-	
		Patrick	Edward Mcdonnel	l
	-		Name of Person	
	•		Firm/Company	·· <del>-</del>
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	-	VS I II THE	elope / roul	·······
	-	Winter Sp	OM NO FL 3270 City/State and Zip Code	8
	_	E-mail address: (1	to be used for future annual report notif	ication)
For further inform	nation conce	erning this matter, please ca	all:	
			l.au	
	Name of Per	Son	at () 407 -	- 405- 5000 Telephone Number
	.vame of fer		Area code Bayana	Totophone Punice:
Enclosed is a chec	ck for the fo	llowing amount:		
\$25.00 Filing		330.00 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

Patrick E Mi	cdonnell LLC				
(Name of the Limited Lia (A Flo	ibility Company as it now appears on our reco orida Limited Liability Company)	rds.)			
The Articles of Organization for this Limited Liabilit	y Company were filed on <u>01 23 20</u>	) <u>1</u> 5	an	d assig	gned
This amendment is submitted to amend the following	g.				
A. If amending name, enter the new name of the	limited liability company here:				
Patrick Edward	Mcdonnell, LLC				
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "l	LLC" or th	e abbreviat	ion "L.l	L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AL	ODRESS)				
					····
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX	2				
B. If amending the registered agent and/or registered agent and/or the new registered office a	-	rds, <u>ente</u>	er the na	<u>ime o</u>	of the new
Name of New Registered Agent:			<u> </u>		
New Registered Office Address:				5	
	Enter Florida street add		15775 15775	EB 25	B magang
<del></del>	City	Florida _	Zip	<u>Gode</u>	Š.
New Registered Agent's Signature, if changing Regist				.6 ¥.	
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete performance of my duties, d agent as provided for in Chapter 60. tered office address, I hereby confirm	and I an 5, F.S. O	n familia r, if this	ir with docum	n and nent is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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