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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL MAIL |
| (Bu | siness Entity Nan | ne) |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| DIVISION OF COL | porations | | |
|-----------------------------|---|---|--|
| SUBJECT: | | Sons 110 | <u> </u> |
| | Name of Limi | ted Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | nitted for filing. | • |
| Please return all correspon | dence concerning this matter t | to the following: | |
| · | J | J | 20 TA: |
| | Brian | SHAMIS | 2016 AUG |
| | | Name of Person | ·(D) - 1 |
| | MY NAT | Firm/Company | O PH |
| • | | Firm/Company | |
| | 845 10 | CT S.W. | ų: 57 ∟ôRiDa |
| , | | Address | |
| | VERO | BEACH FR | |
| • | | City/State and Zip Code | |
| | Briansha | on be used for future annual report notific | <u>~</u> |
| | E-mail address: (1 | to be used for futhre annual report notifi | ication) |
| For further information or | oncerning this matter, please or | | |
| Brian St | Annis | 772.501 | -6137 |
| Name of | Person | at () Area Code Daytime | Telephone Number |
| | a well-out | 7404 0000 243,11110 | |
| | • | | |
| Enclosed is a check for th | e following amount: | | |
| \$25.00 Filing Pee | □ \$30,00 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

TO:

Registration Section

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

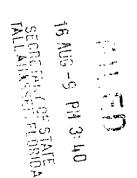


July 29, 2016

BRIAN SHANNIS 845 10 CT SW VERO BEACH, FL 32962

SUBJECT: MY NATIVE SON'S LLC

Ref. Number: L15000022184



We have received your document for MY NATIVE SON'S LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 3 is missing.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 616A00015943

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Companion (A Florida Limited Liability Companion) | | our records.) | · · · · · · · · · · · · · · · · · · · |
|--|---------------------------|---------------------------------------|---------------------------------------|
| The Articles of Organization for this Limited Liability Company we Florida document number | | 5-15 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabili | ty.company.here: | | • |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the designation | ation "LLC" or the abl | previation "L.L.C." |
| Enter new principal offices address, if applicable: | 845 | 10 CT S | <u>.ω.</u> . |
| (Principal office address MUST BE A STREET ADDRESS) | VERA | BEACH. | FC 32962 |
| | · | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | <i></i> | YA ; | |
| B. If amending the registered agent and/or registered office eddress here: | ce address on our | records, enter | the name of the new |
| Name of New Registered Agent: | | · · · · · · · · · · · · · · · · · · · | |
| New Registered Office Address: | B . B(. (| | |
| | Enter Florida str | reet address | • |
| | City | , Florida | Zip Code |
| Name Desirational Amount's Cimpatons (C.), and the Paristance A. | - | | |

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

Title <u>Name</u> <u>Address</u> Type of Action Brandon Ciancio 637 TANGELO CIT SW DbA 🔲 ☐ Change Brian Shannis AMB(□ Add ☐ Remove Change NO LA CLANCIO □ Add 32962 Change □ Add □ Remove ☐ Change □ Add □ Remove □ Change D Remove ☐ Change

| If amending any other information, en | nter change(s) here: (Attach | additional sheets, if ne | ecessary.) | |
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| Effective date, if other than the date of (If an effective date is listed, the date must be spectage. If the date inserted in this block does document's effective date on the Department. | f filing: | (op | otional) Rer filing.) Pursuant to (| 605.0207 (3)(b) isted as the |
| ne record specifies a delayed effec The 90th day after the record is | tive date, but not an effectived. | tive time, at 12:01 | La.m. on the ea | rlier of: |
| Dated | <u>, 2016.</u> | | , | |
| Moler Cla | new / | Bui | 2h= | 1 |
| NOCA CIANC | Typed or printed name of s | Brian | SHANN | |
| | D_#- 2 -62 | | PM-3: JF ST/ JFLO | The state of the s |
| | Page 3 of 3 Filing Fee: \$25.0 | | ATE RIDA | The same of the sa |