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K.SALY EXAMINER JAN 21

COVER LETTER

Division of Corpor			
SUBJECT:	ERDY ENTE	Alphises UC	
SOBJECT.		ed Liability Company	
	,	, , ,	
The enclosed Articles of Am	nendment and fee(s) are subm	nitted for filing.	,
Please return all corresponde	ence concerning this matter to	the following:	
	JEAN	LEE	
		Name of Person	
	% SCHNEIDE	DL 9 ASSOC. 9 Sou	MPLAUC,
	150 Sou	TH UNIVERSITY Address	De, Suite A
		Address	
	PLANTA	TION , FL 33324	f
		City/State and Zip Code	
-	PAUL @SCHNET	DEVASSOC. CON be used for future annual report notific	
			cation)
For further information conc	erning this matter, please cal	1:	
PAULF	SCHNEIDER	at (984) 474-8 Area Code Daytime	889
Name of Pe	rson	Area Code Daytime	retephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	□ \$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

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**

FILED
JANIO
TALLAHASSEE, FLORIFIC

VICEROY ENTERPRISES LLC
(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited L	iability Company)	·
The Articles of Organization for this Limited Liability Company of Florida document number \(\begin{align*} \(\begin{align*} \leq \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	were filed on	02/23/2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company he	e <u>re</u> :
The new name must be distinguishable and contain the words "Limited Liabili		
Enter new principal offices address, if applicable:	150 50	OUTH UNIVERSITY DR
(Principal office address MUST BE A STREET ADDRESS)	SULTE	. ^
	PLANT	4 rion, FL 33324
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		our records, enter the name of the new
New Registered Office Address:	D	rida street address
	Enter Pioi	rida street address
padaman ang anagana garangan ang anagan ang		, Florida
	City	Zip Code
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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGMR	JASON J. CHEL	7258 EVETER STAIR D	□ ∧dd
		MARAMOUNT, CA 90723	Remove
MGMR	JEAN LEE	40 SCHNETISCOLY ASSOC. USO SOUTH UNIVERSITY DR.S PLANTITION PC 33324	
			□ Remove
			Bange Add 9
			Add Service Grands
			Change C
			□ Add
			□ Remove
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ran enec <u>Note:</u> If	re date, if other than the date of filing: TAN-10, 2016 (optional) etive 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 605.0207 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
The C	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 00th day after the record is filed.
Dated	JANUARY 5, 2016
_	
_	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00