## \*L 15000051369

(Requ	estor's Name)	
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2015 MAY -4 PM 1:41

K.SALY EXAMINER MAY 1 4 2015

## **COVER LETTER**

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

2015 MAY -4 PM 1:41

CALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears or our recoil

(Name of the Limited Liability Company as it now appears or our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on March 23, 2015 and assigned Florida document number <u>L 1500005136</u> 9
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "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 liability 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 <u>Title</u> MGR Marlene R Olson 221 Colony Way W XAdd

Jupiter FL 33458 | Remove ☐ Change □ Add ☐ Change ☐ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add □ Remove

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