#1/5000063002

Carnelius	Robinson (Requestor's Name)
	A PIGCO Dr APT 1236 (Address) (Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number) Certificates of Status
Special Instructions	i to Filing Officer:

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TO ACKNOWLEDGE

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15 APR 30 PH 1:4



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

15 APR 30 PK 1:48

Name of the Limite	ed Liability Compar (A Florida Limited L	y as it now appears of ability Company)		ir sloog	
The Articles of Organization for this Limited Lie Florida document number		were filed on	4-10-15	and assign	ned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company here	:		
Enter new principal offices address, if applica			chmond FL 3364		**
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE I	<u>30X)</u>				
B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent:	fice address here		,	the name of	the new
New Registered Office Address:	18001	Richma	· ·	Do 1/21	122
New Registered Office Address:		Enter Florida	street address	nic wh+	9ديــــــــــــــــــــــــــــــــــــ
	TAMPA	FL	, Florida	33647 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 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
Manager	William Harrison	423 Cheney St Bain brid	lge.□ Add
		GA 39817	Remove
			`
		WARE AND ADDRESS A	Remove
me ger	Cornelius E Robinson	18001 Richmond Place 1 AP+ #1236	Add □ Remove
		Tampa F1 3364	7
	***************************************		□ Add □ Remete
			Remote
308444			□ Add
			Remove
			□ Add
			Remove

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Effective da	ate, if other than the date of filing: (optional) tate must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	ocument is filed by the Florida Department of State)
	ocument is filed by the Florida Department of State)
the date this c	ocument is filed by the Florida Department of State)

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