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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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| | egistration Sect ivision of Corpo | | | | | |
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| SUBJECT | | STMENT GROUP, LLC | | 2 % e - 3 | 1982 Africa II. Africa II. | |
| SCHOLET | · | Name of Limi | ited Liability Company | | a 778211 | |
| The enclose | ed Articles of A | mendment and fee(s) are sub- | mitted for filing. | | | |
| Please retu | rn all correspond | lence concerning this matter | to the following: | | | |
| | | JEFFREY KELLEY | | | | |
| | | · | Name of Person | | | |
| Firm/Company 4346 HIGHWAY 90 | | | | | | |
| | | | | | | |
| | | | Address | | | |
| į | | PACE, FL 32571 | | | . 20 | |
| | , * * * * | championdrywallnw@gmai | l.com | AND STATE OF THE S | A TO | |
| For further | information con | E-mail address: (I cerning this matter, please ca | to be used for future annual report notificat | ion) SET O | 12 P | |
| JEFFREY | KELLEY | | 850 995-7779 at () | lephone Number BA | FH 1: 02 | |
| . | Name of F | Person | Area Code Daytime Te | elephone Number | 02 | |
| Enclosed is | s a check for the | following 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 enclose | | |

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

| | PACE | , Flo | orida 32571 Zip Code |
|--|----------------------------|---|----------------------------------|
| | 5 · CD | | 20571 |
| | | Enter Florida street address | S |
| New Registered Office Address: | 4346 HIGHWAY | 90 | |
| Name of New Registered Agent: | JEFFREY KELLE | Y | |
| Secretary of the new logicies of | | | |
| . If amending the registered agent and gestered agent and/or the new registered of | - | e address on our records | , enter the name of the ne |
| | | | 6 0 2 3 3 3 3 3 3 3 3 3 3 |
| | _ | | STAIL 02 |
| Mailing address MAY BE A POST OFFICE | <u> BOX)</u> _ | | و آؤ خ⊏ ئــ س |
| nter new mailing address, if applicable: | | | <u> </u> |
| | | | 55% - |
| | _ | | |
| Principal office address MUST BE A STRE | <u>ET ADDRESS)</u> _ | | A 2015 |
| nter new principal offices address, if appli | _ | | |
| | | . , . | |
| ne new name must be distinguishable and contain the | words "Limited Liability (| Company," the designation "LLC" | " or the abbreviation "L.L.C." |
| . If amending name, enter the new name | of the limited liability | y company here: | |
| his amendment is submitted to amend the fol | J | | |
| | | | |
| lorida document number L15000072622 | | , , , , , , , , , , , , , , , , , , , | |
| he Articles of Organization for this Limited 1 | Liability Company we | ere filed on 4/24/2015 | and assigned |
| | (A Florida Limited Liab | as it now appears on our record ility Company) | _ |
| | | | |

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

Page 1 of 3

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> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|----------------|-----------------|------------------------------|
| AMBR | JEFFREY KELLY | 4346 HIGHWAY 90 | Add |
| | | PACE, FL 32571 | Remove |
| | | | |
| AMBR | JEFFREY KELLEY | 4346 HIGHWAY 90 | Add |
| | | PACE, FL 32571 | Remove |
| | | | Change |
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| ecti | ve date, if other than the date of filing: |
| te: | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will pot be itself |
| cume | ent's effective date on the Department of State's records. |
| rec | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier |
| | 90th day after the record is filed. |
| ted] | May 7 2015 |
| iea _ | in lung / avis |
| | Joffey D. Kelley |
| | Signature of a member of authorized representative of a member |
| | |