L1500013933

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



800274269098

06/25/15--01007--011 **25.00

SECRETARY OF STATE

SECRETARY OF STATE DIVISION OF CORPORATION

JUN 26 2015

S MASON

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 4/24/15 and assigned
Florida document number <u>L 150000 7292.3</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
.t.
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 name
registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, 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 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

or removed from our records:

v MGR = Manager

AMBR = Au	thorized Member		
Title	Name	Address	Type of Action
AMBR	Patti Singleton	3016 Lauress Lane Orlando FL 3280	Add
		Orlando FL 3280	25□ Remove
			Change
			🗅 Add
			□ Remove
			Change
			🗆 Add
			Remove
			Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			Remove
		<u></u>	SECRETOR CHARGE
			AG THE
			STATE OR ATION

*	****
	:
. Effective date, if other than the date of filing:	(ontional)
. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 Note: If the date inserted in this block does not meet the applicable statutory filing requirer	optional) days after filing.) Pursuant to 605.0207 (3)(b ments, this date will not be listed as the
document's effective date on the Department of State's records.	,
the record specifies a delayed effective date, but not an effective time, at the solution of t	
Dated Jone 23, 2015.	91.428 15 38 15 38
1 Al la TIBR	HVTI ECUEI TUNI O NOI
Signature of a member or authorized representative of a mem	Hai ⊃ `ma
· Melanie Klements MGR	AM III
Typed or printed name of signee	FAIL VATIO
	OK.

Page 3 of 3

Filing Fee: \$25.00