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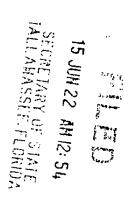
| (Re | equestor's Name) | |
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| Special Instructions to | Filing Officer: | |
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JUN 2 3 2015 **J SHIVERS**

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF "

| (Name of the Limited Liability Co. (A Florida Lim | ompany as it now appears on our records.) nited Liability Company) | |
|---|--|---|
| The Articles of Organization for this Limited Liability Comp Florida document number <u>L 15000079447</u> . | pany were filed on 5 5 20 5 | and assigned |
| 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 ADDRES | <u> </u> | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | | r the name of the new |
| Name of New Registered Agent: | | - S - S - S - S - S - S - S - S - S - S |
| New Registered Office Address: | Enter Florida street address Florida | RY OF ST |
| | City | Zip Códe |
| New Registered Agent's Signature, if changing Registered Ag | gent: | |

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 = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-------------------|---------------------------------------|---|
| 4MBR | Tracy L. Brackman | 340 Sunshine Dr. | CI Add |
| | | 340 Sunshine Dr. St. Aug. Fl 32086 | □ Remove |
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| | ling any other infor | nation, enter cha | ange(s) here: (A | lttach additional s | heets, if necess | sary.) | |
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| ffeetime | date, if other than t | he date of filing: | ;cannot be prior to da | te of filing or more tha | (option in 90 days after fi | ial) | 6Q5,0207 (3)(b) |
| If an effect | | s block does not me | eet the applicable: | statutory filing requ | irements, this d | late will not be | listed as the |
| Note: If | the date inserted in this | | | | | <u>₩</u> [7] | |
| Note: If | the date inserted in this 's effective date on the | | | | | 'د⊈ رئ | V 3/2-30-22- |
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| Note: If document ne recor The 90 | the date inserted in this I's effective date on the I'd specifies a delay Oth day after the r | Signature of a m | An- | representative of a m | | m. on the earlier of STATE | riler of: |

Page 3 of 3

Filing Fee: \$25.00