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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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COVER LETTER

Division of Corpor	ations		
SUBJECT: Bird	Name of Limited	any L.L.C. Liability Company	<u>.</u>
The enclosed Articles of Am	endment and fee(s) are submitt	ted for filing.	
Please return all corresponde	nce concerning this matter to t	he following:	
	Andrew [Sirchall Name of Person	
		Firm/Company	
	127 W	nispering Oaks Cire	<u> </u>
	St. A	igustine FL 32e Citystate and Zip Code nell @ bellsouth.ne	080 2+
_		e used for future annual report notification	n)
For further information conce	erning this matter, please call:		•
Name of Per	rson	at () Area Code Daytime Telep	phone Number
Enclosed is a check for the for	ollowing 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 enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

IAL O	FILED OIS JUL 13 AM II: 02 ECRETARY OF STATE AHASSEE, FI ORID,
·	and assigned

Zip Code

Birchall & Company L. L. C. TALICRETARY
(Name of the Limited Liability Company as if 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 $\frac{5/5/15}{}$ and assigned
Florida document number L 150000 85367.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Andrew P. Birchall L. L. C.
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
Florida

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 = M $AMBR = A$	Ianager Authorized Member		FILED	
<u>Title</u>	<u>Name</u>	Address	FILED 2015 JUL 13 AM 11: 02 SECRETARY OF STATE FALLAHASSEE FLORIUM	Type of Action
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(If an effe	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated .	July 9th 2015.
	Signature of a member or authorized representative of a member
	Andrew Birchall Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00