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July - 5 2015

T. HAMPTON

CORPO	ORA	TE
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	CC	ORPORATE ACCESS, .	When you need ACCESS to the world
		INC.	236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
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1.		FICLYOTA (CORPORATE NAM	OF Protective Service LC ME AND DOCUMENT #)
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6.		(CORPORATE NAM	ME AND DOCUMENT #)
SP	ECIA	L INSTRUCTION	IS:

COVER LETTER

TO: Registration Section Division of Corporations The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company City/State and Zip Code (to be used for future annual report notification) For further information concerning this matter, please call:

Enclosed is a check for the following amount: .

☐ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fcc & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

recepted Protective (Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L13 0000 942.99</u>	were filed on <u>05 /29 /2</u> 0	2)15 and assigned	,
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and end with the words "Limited Liab	bility Company," the designation "LLC" of	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)		<u> </u>	
,			
B. If amending the registered agent and/or registered of			ew
registered agent and/or the new registered office address her	<u>e</u> ;	THE PROPERTY OF THE PROPERTY O	<u>C</u> 154.
Name of New Registered Agent:		HID.	
New Registered Office Address:			
	Enter Florida street address		
	, Floric		
•	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 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

Jun. 5. 2015 11:21AM No. 0639 P. 3
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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Branden Fitzgerald	po box 22105	Add
		po box 22105 Fort lawerdare F1 33335	□ Remove
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tive date	, if other than the de	ate of filing:	(optional) nd cannot be more than 90 days after
	ament is filed by the Flori	ida Department of State)	

Page 3 of 3

Filing Fee: \$25.00

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