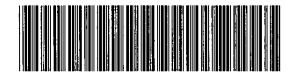
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(Requestor's Name)
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(Business Entity Name)
(Document Number)
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K.SALY EXAMINER JUN 2 4 2015

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: 5	TLLAND Name of Lim	I-AI IER PR	ISES L.L.C
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Andrew	Gilland Name of Person	·····
	Gilland	Enterprises L.	L, C.
	5015 Diss	ton Dr Address	
	Saint Cla	uch FL 347 City/State and Zip Code	771
	E-mail address:	to be used for Juture annual report notif	7 fication)
For further information of	oncerning this matter, please c	all:	
Andrew Name o	Cilland of Person	at (<u>407</u>) <u>900 -</u> Area Code Daytime	4807 e Telephone Number
Enclosed is a check for the	he 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 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 ARTICLES OF ORGANIZATION

Florida document number <u>415 0000</u> 99334 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 Liabi	lity 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)	5015 Disstan Dr Swint Cloud FL 34971
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5015 Dissten Dr Saint Cloud, FL 34771

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: SICP, K.J. '
Enter Florida street address

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

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>	Address	Type of Action
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Effective date,	if other than the	late of filing:	a date of filing or more than 90 d	_ (optional) ays after filing.) Pursuant to 605.0207 (
Note: If the date	e inserted in this blo			nts, this date will not be listed as t
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			an effective time, at 1:	2:01 a.m. on the earlier of:
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Dated Jun.	e, 17, 201	5 D) 11:00	la.m.	
	0 //	Wal .		
	Jake Vi			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00