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COVER LETTER

TO: Registration Se Division of Cor		•	•	*
Townsend	Investment Company, LLC		£**	^
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Danielle Townsend			
		Name of Person		_
	Townsend Investment Con	npany, LLC		
		Firm/Company		_
	905 W Reynolds St			
		Address		_
	Plant City, FL 33563			
		City/State and Zip Code	-	-
	townsendinvestmentco@gn E-mail address: (nail.com to be used for future annual repor	t notification)	
For further information of	oncerning this matter, please c	·	,	
Danielle Townsend		813 595-530	06	
Name o	of Person	Area Code Da	aytime Telephone Numbe	er .
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
<u>Mailing Addres</u> Registration		Street Addres Registration		

Division of Corporations

P.O. Box 6327 Tallahassee. FL 32314 Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Townsend Investment Company, LLC		
(<u>Name of the Limited Liabi</u> (A Floric	tity Company as it now appears on our record la Limited Liability Company)	(<u>s.</u>)
The Articles of Organization for this Limited Liability		and assigned
Florida document number 1.15000107607		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		22
Principal office address MUST BE A STREET ADD	RESS)	*** :
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		•
••••••		• •
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere agent and/or the new registered office address here:		the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		<u></u>
	Enter Florida street addres	is .
	, Flo	orida Zip Code
	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 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>	<u>Address</u>	Type of Action
MGR	Gail B. Kelly	2805 John Moore Road	□Add
		COTTAGE IN BACK!	≣Remove
		Brandon, FL 33511	□Change
MGR	Michael C. Cross	905 W Reynolds St	■Add
		Plant City, FL 33563	
			□Add
			□Remove
			[] Change
			□Remove
			Change
*************			□Add
			□Remove
			□Change
			□Add
		-	□Remove
			□ Change

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		Danielle Townsend

Filing Fee: \$25.00