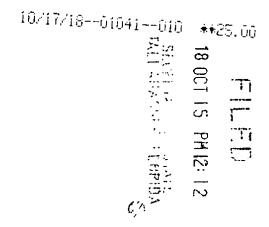
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
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COVER LETTER

Division of Co	rporations		
	LAND HOLDINGS #5, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	John S. Clardy III		
		Name of Person	
	Clardy Law Firm PA		
		Firm/Company	
	P.O. Box 2410		
		Address	
	Crystal River, FL 34423		
	Clardy@tampabay.rr.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information (concerning this matter, please co	all:	
John S. Clardy III		352 795-2946 at ()	
Name o	of Person	Area Code Daytimo	: Telephone Number
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)	☐ \$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
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited I Florida document number L15000115099	Liability Company were filed on $\frac{0}{2}$	7/02/2015 and assigned
his amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company h	ere:
he 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 appli	cable:	<u> 24, </u>
Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>
		<u> </u>
	- <u>-</u>	क्ष ज ः
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Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		97 N
3. If amending the registered agent and egistered agent and/or the new registered of New Registered Agent:	•	n our records, enter the name of th
New Registered Office Address:		orida street address
	Cipstal River	, Florida 34428

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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO	Trudy Knecht	5730 S SUNCOAST BLVD	
		HOMOSASSA, FL 34446	□ Add
			■ Remove
			Change
COO	Charles Knecht, Jr.	5730 S SUNCOAST BLVD	
		HOMOSASSA, FL 34446	
			■ Remove
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ffective date, if other than the date of an effective date is listed, the date must be speote: If the date inserted in this block document's effective date on the Departm	ecific and cannot be prior to es not meet the applica			g.) Pursua		
e record specifies a delayed effec The 90th day after the record is		an effective tir	ne, at 12:01 a.m	on the	e earl	ier o
October 5th	, 2018	<u></u> ·				
Signati	ed Short	rized representative o	f a member			
~						

Page 3 of 3

Filing Fee: \$25.00