L15000124585

(Requestor's Name)
(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:

Office Use Only



900277028949

09/28/15--01015--026 **25.00

2015 SEP 28 A II: 31 SECRETARY OF STATE AND AHASSEE, FLORID!

BRUCE

TO: Registration Se "Division of Cor			
	NVESTMENTS FLORIDA, L	LC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	TROY H. MYERS, JR.		
		Name of Person	
	ICARD, MERRILL, CUL	LIS, TIMM, FUREN & GINSBURG	G, P.A.
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	2033 MAIN ST. STE 600		
		Address	
	SARASOTA, FL 34237		
		City/State and Zip Code	7A1
	TMYERS@ICARDMERR		2015 SEP SECRETALLAHA
	E-mail address: (to be used for future annual report notifi	cation) HAT TO
For further information c	oncerning this matter, please ca	all:	SEP 28 AHASSEE.
TROY H. MYERS, JR.		941 953-8110 at ()	Telephone Number
Name o	f Person	Area Code Daytime	Telephone Number 7
Enclosed is a check for th	e 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

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit		ny as it now appears c Liability Company)	on our records.)			
The Articles of Organization for this Limited Li Florida document number L15000124585	ability Company	were filed on JULY	Y 21, 2015	and assigne		
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	the limited liab	ility company here	•			
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the desi	gnation "LLC" or the a	abbreviation "L.L.C."		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		16 S ORANGE A	VE			
		SARASOTA, FL 34236				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		16 S ORANGE AVE SARASOTA, FL 34236				
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	<u>1</u> 1	TIL 15 SEP 2 ECRETAR		
New Registered Office Address:	16 S ORANGE			₹ 8		
-	SARASOTA	Enter Florida	a street address			
		City)(3-	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

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
MGR	GREGORY ORQUERA	16 S ORANGE AVE	= Add
		SARASOTA, FL 34236	☐ Remove
			☐ Change
MGR	TROY H. MYERS, JR.	2033 MAIN ST STE 600	
		SARASOTA, FL 34237	■ Remove
			Change
			Add
			☐ Remove
			☐ Change
	<u> </u>		TAFICRE SEP
			Rémove
	_		CG D Change
			Remove
			Change
			Remove
			☐ Change

				" "						
							<u></u>			
M	 									
· · · · · · · · · · · · · · · · · · ·										
			· · · · · · · · · · · · · · · · · · ·		<u>-</u>					
					.					
										(10.1.1.200.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
									•	_
<u></u>			<u></u>							
										
										
								<u> </u>		
										··
ativa dat	a if athor th	on the date.	of filings	A 11 011 0	.+ 27 2	0015		Contion	al)	
effective da	e, if other thate is listed, the	date must be spe	ecific and c	annot be p	ior to date of	filing or mor	e than 90 da	ys after fil	ling.) Pu	rsuant to 605.0
<u>e:</u> If the c ument's ef	late inserted in ffective date or	i this block do n the Departm	es not me tent of Sta	et the app ite's recor	ds.	utory Illing	requiremer	its, this a	ate will	i not be tisted
								TA S	201	
record s	pecifies a d	elayed effe	ctive da	te, but	not an ef	fective tir	ne, at 12	: © 🗟	m. jon	the earlie
he 90th	pecifies a d day after th	ne record is	s filed.					A Sid	Ą	1 1
	5'0	at ms		711	S			SSE ¥	28	
ed	- 4	nt 125	,	701	 •			E PH	>	m
	ML	4						STATE	=	
	111h	11%							••	

Page 3 of 3

Filing Fee: \$25.00