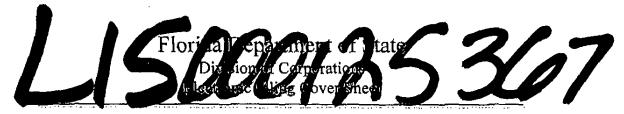
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160000401523)))



H180000401523ABCT

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THERREL BAISDEN, P.A.

Account Number : I20140000065

Phone : (305)371-5758

Fax Number : (305)371-3178

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an	nual	report	t mailín	gs.	Enter	only	one	email	add	res	s ple	ase.	**≌

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ARA TOCCOA, LLC

Certificate of Status	O CONTRACTOR STREET
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

1 -53

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARA TOCCOA, LLC			
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our recor ability Company)	<u>'ds.</u>)	
e Articles of Organization for this Limited Liability Company v	were filed on July 24, 2015	and as	signed
rida document number L15000125367			
is amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liabil	ity company here:		
A MURFREESBORO, LLC			
new name must be distinguishable and contain the words "Limited Liability	ry Company," the designation "LL	C" or the abbreviation "L	.L.C."
ter new principal offices address, if applicable:			<u> </u>
incipal office address MUST BE A STREET ADDRESS)			
ter new mailing address, if applicable:			<u> </u>
alling address MAY BE A POST OFFICE BOX)			
		22000000000000000000000000000000000000	
If amending the registered agent and/or registered officered prent and/or the new rouktered office address bere-		ls, enter the dame	of_the
If amending the registered agent and/or registered offi istered agent and/or the new registered office address here:		ls, enter the trame	of the
istered agent and/or the new registered office address here:		ds, enter the figme	of the
		Is, enter the filme	of the
istered agent and/or the new registered office address here:		Is, enter the figure	T T T
Name of New Registered Agent:		Is, enter the figme	of the

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.

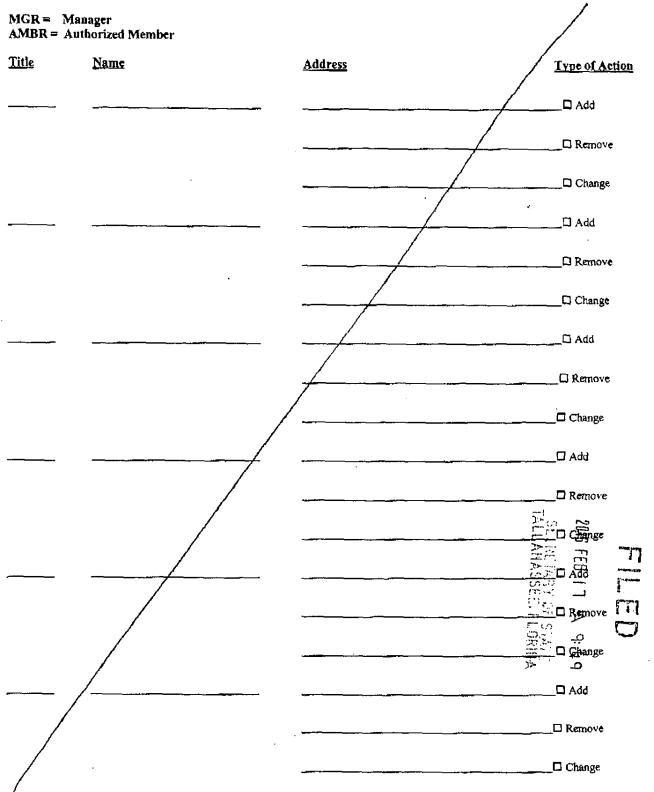
If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

H1600004015

H160000401523

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



. If amending any other	er information, enter change((s) here: (Attach addition	mal sheets, if necess	ary.)	
			<u>/ </u>		
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		,		,	
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-/				(0.5) (0.5) (0.5)	7
. Effective date, if othe	r than the date of filing:		(options	TO EST	
(If an effective date is listed, Nate: If the date inserte	er than the date of filing: the date must be specific and cannot led in this block does not meet the ate on the Department of State's re-	applicable statutory filing	re than 90 days after fili	ng.) Pursuant to 605.03	207 (3) as the
the record specifies (a delayed effective date, ber the record is filed.	out not an effective th	me, at 12:01 a.π	n. on the earlier	of:
Dated 217	110				
, ,	Warren /	3yem			
	Signature of a member	or authorized representative	of a meauber		
		er printed name of signose			

Page 3 of 3

Filing Fee: \$25.00