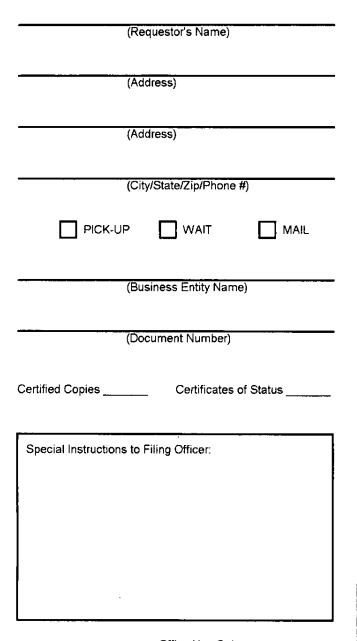
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CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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COVER LETTER

TO: Registration Division of C					
	eef Developer, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
	Kristy Horan				
		Name of Person			
	Godbold, Downing, Bill &	Rentz, P.A.			
		Firm/Company			
	222 W. Comstock Ave, Ste	c. 101			
		Address			
	Winter Park, FL 32789			ਨ੍ਹਾਂ	Ass
		City/State and Zip Code		8	
	khoran@gdb-law.com	to be used for future annual report notifi	agtion)	16 NOV -7	
For further information	concerning this matter, please ca	•	cations	7 AH	1038 40,438
Kristy Horan		407 647-4418 at ()		7:5	S 17A
Name	of Person	Area Code Daytime	Telephone Number	2	ID,
Enclosed is a check for	the 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 TO ARTICLES OF ORGANIZATION OF

y Company as it now appears on our records.) Limited Liability Company)	
ompany were filed on 9/22/2015	and assigned
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ted Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
ESS)	
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Enter Florida street uddress	
, Flori	daZin Code
	ted liability company here: ted Liability Company," the designation "LLC" of the designation "LLC" of the designation and the designation are seen to the designation

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 = M $AMBR = A$	Ianager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			
			☐ Remove
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			Remove ALLAHASSE
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			Add 7: STATE
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Page 3 of 3

Filing Fee: \$25.00