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COVER LETTER

Division of Cor	porations			
Provident R SUBJECT:	ealty of Gainesville			
Jobotic I.	Name of Lim	ited Liability Company	······································	_
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Luke Brantley			
		Name of Person		
	Provident Realty of Gaines	sville		
		Firm/Company		
	2727B NW 43rd Street Sui	ite 7		
		Address		
	Gainesville, FL 32606			 -i
		City/State and Zip Code		2015 SEC
	Luke.Brantley@yahoo.com			CARE OC
For further information co	E-mail address: (i oncerning this matter, please ca	to be used for future annual r all:	eport notification)	FILE 2015 OCT 23 F
Luke Brantley		352 359	-0711	P IZ:
Name of	Person	Area Code	Daytime Telephone Num	
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)	Certifosed) Certif	Filing Fee, ficate of Status & fied Copy onal 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 ARTICLES OF ORGANIZATION **OF**

Provident Realty of Gainesville	
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compared Florida document number 115000160622.	ny were filed on 9/20/15 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lin	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	DECRETARY OF STAT
3. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agen	City Zip Code

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>	<u>Address</u>	Type of Action
Owner	Luke Brantley	2727B NW 43rd Street Suite 7	□ Add
		Gainesville, Fl 32606	□ Remove
			■ Change
			□ Add
			□ Remove
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			Add
			SECRETARIAS Charge
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			☐ Change

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