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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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OIVISION OF CLAROWARD

N COOPER JUN 1 9 2018

COVER LETTER

TO:	Régistration Se Division of Cor			• .
C1111 F		ERTY HOLDINGS LLC		
SUBJI	EC1:	Name of Lim	nted Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		KENNETH STILLWELL		
			Name of Person	,
			Firm/Company	
		5009 N CENTRAL AVE		
			Address	
		TAMPA, FL 33603		
			City/State and Zip Code	
		REGISTEREDAGENT@S		
		E-mail address: (to be used for future annual report non	fication)
For fur	rther information c	oncerning this matter, please ca	all:	
KENN	ETH STILLWEL		at () 675-0916 EX	KT 202
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	5.00 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

(Name of the Limited Liability Company as it now appears on o (A Florida Limited Liability Company)	<u>ir records.</u>)
the Articles of Organization for this Limited Liability Company were filed on $\frac{09/29/20}{100000000000000000000000000000000000$	and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
ne new name must be distinguishable and contain the words "Limited Liability Company," the designate	ion "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	6 Visi
	<u> </u>
	- 국 국 - 국 - 국 - 국 - 국 - 국 - 국 - 국 - 국 -
tter new mailing address, if applicable:	
failing address MAY BE A POST OFFICE BOX)	မွှေး မွှေး နိုင်ငံ
	26
If amending the registered agent and/or registered office address on our gistered agent and/or the new registered office address here:	records, enter the name 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.

City

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
MGR	ANTHONY RICH	5009 N CENTRAL AVE	
		TAMPA, FL 33603	■ Remove
			Change
MGR RIC	RICHARD DUNN	5009 N CENTRAL AVE	
		TAMPA, FL 33603	■ Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
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	26/12/2012	
Effective date, if other than t	he date of filing: 06/32/2018 must be specific and cannot be prior to date of filing or	(optional)
Note: If the date inserted in this	block does not meet the applicable statutory fi	ling requirements, this date will not be listed a
document's effective date on the	Department of State's records.	
he record specifies a delay	red effective date, but not an effective	e time, at 12:01 a.m. on the earlier ϵ
The 90th day after the r		
Dated	2018	
Dated;		
1		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00