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Division of Corporations

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From:

Account Name : FRAZIER & FRAZIER, ATTORNEYS AT LAW, P.A.

Account Number : 120090000113 Phone : (904)353-5616 Fax Number : (904)353-5619

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(((H19000324766 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

OF 2919 NOV -4 P 3: 15

Name of the Limited Liability Company of the summer of our records. (A foliated Limited Liability Company) ALL ACT SCILE LOTTIFE and assigned	Tyner Grade, LLC		<u> </u>	 	
Plotida document number L15000174445 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Muilling address MAY BE A POST OFFICE BOX) B. If amending the registered agent und/or registered office address on our records, enter the name of the new registered office address here: Name of New Registered Office Address: Enter Florida invest whites: Florida Zip Code	(Name of the Limited L. (X f	Jability Company a Torida Limited Linbi	s It now annewes on our red lity Company) ORCE	An A Sout File	JHIJA
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If Changing Registered Agent, Signature of New Revistered Avent	provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg	ana compiete pe red agent as pro fistered office ac	rjormance of my dance vided for in Chapter 6	505, F.S. Or. if this	document is
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		If Changle	ig Registered Agent, Signa	ture of New Revisters	d Arent

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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

Title	Name	Address	Type of Action
MGR	Peter C. Arnold	9755 C E Wilson Road St. Augustine, FL 32095	
	•		☐ Remove
			□ Change
			Add
			☐ Remove
			[7] Change
			Remave
			□ Change
_			□ Add
			_ Remove
			☐ Change
			D Add
			□ Remove
			Change
			☐ Remove
			☐ Change

Page 2 of 3

	Typed o	r printed name of sig	inte	
Đạvid L. Amold	-			
<u></u>	Signature of a member of	or authorized represe	nlative of a member	
Dated November 1	, 2019			
the record specifies a delayed). The 90th day after the re-	ed effective date, but cord is filed.	ut not an ellec	ive time, at 12	.or a.m. on the ear
document's effective date on the L	Department of State's re-	cords		
Effective date, if other than the (If an effective date is listed, the date in this b	fock does not meet me s	appricante statutor	g or more than 90 day filing requiremen	(optional) /s after filing.) Pursuant to 6 /s, this date will not be fi
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