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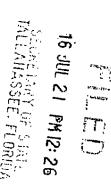
(Requ	estor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: The	Pre owned Name of	Sourc, UC Limited Liability Company	
The enclosed Articles of Ame			
Please return all corresponden	_	-	
_	The Pr	Humphry Name of Person -eowned Sour	r
-	3235 E	Firm/Company Silver Spring Address	SS BLVD
-	Ocala, Joe St	Florida 344 City/State and Zip Code Leptowned Sourcess: (to be used for future annual re	70 r.com
For further information concer			port notification)
Joe Humphy Name of Pers	rez	at (<u>35</u> 2)	209 – 96 96 Daytime Telephone Number
Enclosed is a check for the fol	_		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	□ \$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 Compan	y as it now appears on our records)
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	•
The Articles of Organization for this Limited Liability Company v Florida document number 115000188952 .	were filed on $11/06/2015$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3235 E SIWY SPANS BIVD
(Principal office address MUST BE A STREET ADDRESS)	Ocala Florida 34470 = 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3235 E Silver Spanis Blud Ocala, Florida 34490 &
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address: 3335	E Silver Springs Blvd Enter Florida street address
Ocale	, Florida 34470 Zip Code
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 $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, i	f other than the date is listed, the date must be s	e of filing	connot be pric	r to date of fili	ng or more than G	(options	il) no) Pursuant	to 605 02
Note: If the date	inserted in this block of tive date on the Depart	loes not m	eet the appli	cable statutor	y filing require	ments, this da	te will not b	e listed
ocument s crice	tive date on the Depart	ment of St	ate 3 record	·				
	cifies a delayed eff		ate, but n	ot an effec	tive time, at	: 12:01 a.n	n. on the	earlier
The 90th da	y after the record	is filed.						
Dated	ly 20th		2916					
	N							

Page 3 of 3

Filing Fee: \$25.00