Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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.Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORPORATING SERVICES FL

Account Number : 120050000052

Phone Fax Number : (850)656-7956 : (850)656-7953

annual report mailings. Enter only one email address please.**

**Enter the email address for this business entity to be used for future

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRING ABUNDANCE, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$55.00 |

APR 1 1 2016

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Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BRING | ABUNDANCE, LLC | |
|---|---|--|
| (Name of the Limited Liability (A Florida I | Company as it now appears on our records.) Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Co Plorida document number L15000195426 | ompany were filed on 11/23/2015 | and assigned |
| his amendment is submitted to amend the following: | • | |
| A. If amending name, enter the new name of the limite | ed liability company here: | |
| The new trame must be distinguishable and contain the words "Limite | ed Liability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRE | (SS) | |
| Enter new mailing address, if applicable: <u>'Mailing address MAY BE A POST OFFICE BOX)</u> | | 16 APR - 8 |
| If amending the registered agent and/or registered agent and/or the new registered office addresses | | the name of the field of the fi |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florida | |
| | City | 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 filled 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> Parker J. Collier Revocable | Address | Type of Action |
|--------------|--|-------------------------|----------------|
| AMBR | Trust dated December 19, 1997, | 9045 Strada Stell Court | |
| | as Amended | Suite 500 | |
| | | Naples,, FL 34109 | Change |
| AMBR | Bonnie E. Beck | 7073 Regulview Circle | Add |
| | , | Dallas, TX 75248-4154 | □ Remove |
| | | | Change |
| | | | D Add |
| | | | Remove |
| | | | ☐ Change |
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|--|----------------------------|----------------------------------|------------------------|---------------------------|---------------------------------------|---------------------------------|
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