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(Requestor's Name)	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: 280	HILLS ROND Name of Lim	HOLDING L	LC.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Russee	le meye Name of Person	rs
	380 The	Star Holde Firm/Company	ling, LL
	PO BX	£80288	
	Boca R Arlene E-mail address: (1	Address Address Address City/State and Zip Code City/State and Zip Code C	34PP eyers. com
For further information co	oncerning this matter, please ca	all:	
Arlene Name of	n	at (561) 344-1	P906 e Telephone Number
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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

τo:

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

280 HILLS	BORD HOLDING LUC
	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on $\frac{12/4/16}{2000}$ and assigned
Fiorida document number	10x / 60
This amendment is submitted to amend the following:	:
A. If amending name, enter the new name of the li	imited liability company here:
The new name must be distinguishable and contain the words "L	Limited 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 AD)	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	gistered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City , Florida 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 = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
Nember	Terri preyers	663 a Seresa Tare-	Born MAMy DAdd 33
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Effective date, if other than the date of filing:	्राप्तः वि	
		}" ••••
If an effective date is listed, the date must be specific and cannot be prior to date of f Note: If the date inserted in this block does not meet the applicable statut	ory filing requirements, this date will not be listed	d as
document's effective date on the Department of State's records.	3	
	-	
ne record specifies a delayed effective date, but not an effe	ective time, at 12:01 a.m. on the earlie	r of
The 90th day after the record is filed.		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Dated September 19, 16.		
Signature of a member or authorized repre		
Russer Meyers Typed or printed name of		

Page 3 of 3

Filing Fee: \$25.00