Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 2.0 Townstomes, LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
LARRY D. WALKER Name of Person
2.0 TOWNHOUSS LLC Firm/Company
6579 KENDTON ST. Address
HAVKERS FL 32566  Flook City/State and Zip Code  Flook Code State Code  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LARRY D. WALKER at (850) 982-0637  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  Solve Siling Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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 ARTICLES OF ORGANIZATION **OF**

2.0 lowhhomes	LLC	
( <u>Name of the Limited Liability Comp</u> any (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on JANUARY 15, 2016	d assigned
Florida document number <u>L16000616397</u> .	, ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
NIA		
The new name must be distinguishable and contain the words "Limited Liability	ì	on "L.L.C."
Enter new principal offices address, if applicable:	NIA	<u> </u> ∓s
(Principal office address MUST BE A STREET ADDRESS)	(1)	CR
	•	AHA AHA
		SERVE SERVE
Enter new mailing address, if applicable:	NA	<b>3</b>
(Mailing address MAY BE A POST OFFICE BOX)	·	# LO
(Mulling unditess MAT BE ATOST OFFICE BOX)	Ţr.	RID.
B. If amending the registered agent and/or registered office address here:		ume of the new
Name of New Registered Agent:	NA	
New Registered Office Address:	u	
	Enter Florida street address	
	, Florida	
	City Zip C	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:

AMBR = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	YVONNE WALKER	NAVARRE, FL 32566	
	'	NAVARRE, FL 32566	<b>□</b> Remove
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an effective date is liste lote: If the date inser	ner than the date of filired, the date must be specific arrived in this block does not date on the Department of	nd cannot be prior to meet the applicab	date of filing or more		
	s a delayed effective ter the record is filed		an effective tin	ne, at 12:01 a.m.	on the earlier of:
rated MARC	H 29	, <u>2018</u>			

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Filing Fee: \$25.00