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COVER LETTER

Division of Corporations
SUBJECT: PARTICUS DE PARTICUS DE LA PARTICULA 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:
Robert F. Cancers, Jr.
Cother Concrete Congrey P.A.
2313 W. Violet Some
TAWA, T. 33603 City/State and Zip Code
Franks: Herricka C Homenstres . Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (813) 431 - 543Z Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, 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

PAYLTHERS !	21 Pain U	1.C.		
(Name of the Limited Liabil	ity Company as it now app a Limited Liability Compan	pears on our records.)		
The Articles of Organization for this Limited Liability (Florida document number 1400001909	Company were filed on	•		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim		<u>v here</u> :		
The new name must be distinguishable and contain the words "Lin	ALD, LLC nited Liability Company," th	he designation "L.L.C." or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
Enter new mailing address, if applicable:	- ·			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office ado Name of New Registered Agent:		on our records, enter the name of the ne		
New Registered Office Address:	Enton	Florida street address		
	City	, Florida Zip Code		
New Registered Agent's Signature, if changing Registere	ed Agent:			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance igent as provided for i red office address, I he	e of my duties, and I am familiar with and in Chapter 605, F.S. Or, if this document is		
	If Changing Registered	d Agent, Signature of New Registered Agent		
	Page 1 of 3	FLOG D		

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
NOR	Angel +. Hoences	4693 Van Dyle Roan	
		Lutz, FL. 33558	№ Remove
			Change
MOR	VANUSSA HERENLA	4693 Vane Dyke Roass	🗆 Add
		LUTZ, FL. 33558	Remove
		.	Change
NGR	PARTHURS ASSOCIATION	44.4693 VAN DYKE T	Add
I Y	In Davelopment by Hereneves, LLC	Luiz, FL. 33558	Remove
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`an effective Note: If the	date is listed, the da date inserted in t	n the date of filing the must be specific and this block does not the Department of	nd cannot be pri meet the appl	ior to date of filir licable statutor	ng or more than 9	0 days after	onal) r filing.) P s date wi	ursuant to	o 605.0207 Elisted as
The 90tl	h day after the	layed effective e record is filed	date, but r i.	not an effec	tive time, at	: 12:01	a.m. or	the e	arlier o
	ebruary 2nd	d 	2016						
ated				·					
	V-A						- 1.70 - 177	2016	
	Angel F.	Signature of Herrera III	a member or au	thorized represe	ntative of a men	nber	記され	8 FEB -	S. ANTONIA
_			Typed or pri	inted name of sig	gnee		12 C T S	U	
			Pa	ge 3 of 3			STAT	p: 2	

Filing Fee: \$25.00