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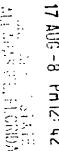
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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S. WARREN AUG 0 9 2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lin	nited Liability Comn	any as it now appears on our record	ds.)
(1911 5. 111 2.11)	(A Florida Limited	any as it now appears on our record Liability Company)	 /
ne Articles of Organization for this Limited orida document numberL16000024030	Liability Company	y were filed on <u>02/03/2016</u>	and assigned
is amendment is submitted to amend the fo	llowing:		
If amending name, enter the new name	of the limited lial	bility company here:	
e new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC	2" or the abbreviation "L.L.C."
nter new principal offices address, if appl	icable:		·
rincipal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		1100 SW Saint Lucie West Bl	<u>-</u>
		Suite 103	
Port St Lucie, FL 34986			
If amending the registered agent and gistered agent and/or the new registered of			
Name of New Registered Agent:	Robert Palerm	ο	8 PH 12:
New Registered Office Address:	1100 SW Sain	t Lucie West Blvd, Ste 103	<u> </u>
		Enter Florida street addres	
	Port St Lucie	, FI	orida 34986
		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 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
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Robert Palermo	1100 SW Saint Lucie West Blvd	
		Suite 103	□ Remove
		Port St Lucie, FL 34986	□ Change
AMBR	Rae Gibson	1100 SW Saint Lucie West Blvd	
		Port St Lucie, FL 34986	□ Remove
			■ Change
MGR	Daryt Bank	1391 NW Saint Lucie West Blvd	Add
		Suite 105	■ Remove
		Port St Lucie, FL 34986	□ Change
			Add
			Remove
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