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2016 SEP -1 PH STATE
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K.SALY EXAMINER SEP - 6

COVER LETTER ---

TO: Registration Se Division of Cor			•
MAREK J.	WOJCICKI, PLLC		
SUBJECT:	Name of Lim	nited Liability Company	A second at the
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JO ANN M. KOONTZ		
		Name of Person	
	KOONTZ & ASSOCIATE	ES, PL	
		Firm/Company	•
	1613 FRUITVILLE RD.		
		Address	
	SARASOTA, FL 34236		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report	t notification)
For further information co	oncerning this matter, please co	all:	
JO ANN M. KOONTZ		941 225-26	15
Name o	f Person		aytime Telephone Number
Enclosed is a check for the	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: 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**

2016 SEP - 1 PM 4:54

MAREK J. WOJCICKI, PLLC

(Name of the Limited Liability Company as it now appears on our records

The Articles of Organization for this Limited Liability Company were filed on MARCH 15, 2016 and assigned Florida document number L16000053030 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MAREK J. WOJCICKI, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: 225 MEDALIST RD. (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 225 MEDALIST RD. (Mailing address MAY BE A POST OFFICE BOX) ROTONDA WEST, FL 33947 B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Lip Code	(A Florida Limited I.	Liability Company)	- OSE FLORING
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MAREK J. WOJCICKI, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	The Articles of Organization for this Limited Liability Company	were filed on MARCH 15, 20	one and assigned
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The new name must be distinguishable and contain the words "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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	A. If amending name, enter the new name of the limited liab	ility company here:	
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Name of New Registered Agent: New Registered Office Address: Enter Florida street address	B. If amending the registered agent and/or registered of	ffice address on our recor	rds, enter the name of the
New Registered Office Address: Enter Florida street address			
New Registered Office Address: Enter Florida street address			
Enter Florida street address	Name of New Registered Agent:		
Enter Florida street address	New Registered Office Address:		
		Enter Florida street addi	ress
City Zip Code		.1	Florida
		City [,]	Zip Code
	I hereby accept the appointment as registered agent and agre	on to act in this canacity. I	further cores to someth with

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

	g Authorized Person(s) authorized to m l from our records:	nanage, enter the title, name, and address of each	ch person being added
MGR = N AMBR = A	Manager Authorized Member	Address Add	
<u>Title</u>	<u>Name</u>	Address Scott May or	Type of Action
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	er than the date of filed, the date must be specific ted in this block does not ate on the Department of	and cannot be prior t meet the applica	to date of filing or me	(opti ore than 90 days after g requirements, thi	r filing.) Pursuant to	605.0207 (i listed as th
	a delayed effective er the record is file		t an effective t	ime, at 12:01	a.m. on the ea	arlier of:
Dated AUGUST 29		2016				
76	Signature of	a member or autho	rized representative	of a member		_
BAAMMYS Y			•	•		
MAKEK J.	WOJCICKI	Typed or printe	d name of signee	······································		_

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Filing Fee: \$25.00