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APR 22 2016

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Registration Section TO: **Division of Corporations** 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: Firm/Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

MAILING ADDRESS:

45

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

American Heritage W	bod Pellet	5 UC
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our resility Company)	ecords.)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 16000 6743</u> 6	ere filed on Appl	25, 2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Name of the Limited Liability Company as it now appears on our records. (A Florda Limited Liability Company) les of Organization for this Limited Liability Company were filed on Profile Science Liability Company les of Organization for this Limited Liability Company were filed on Profile Science According to the Limited Liability Company were filed on Profile Science According to the limited Liability Company here: Indicate the new name of the limited Liability Company," the designation "LLC" or the abbreviation "LLC." In principal offices address, if applicable: In office address MUST BE A STREET ADDRESS) In mending the registered agent and/or registered office address on our records, enter the name of the new diagent and/or the new registered office address here: Name of New Registered Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code Stered Agent's Signature, if changing Registered Agent: accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the so of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is ad to merely reflect a change in the registered agent as provided for in Chapter 605, F.S. Or. if this document is ad to merely reflect a change in the registered office address. I hereby confirm that the limited liability	
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 registered agent and/or the new registered office address here:	ce address on our re	cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	City	_, Florida
New Registered Agent's Signature, if changing Registered Agent:	Cuy	Zip Coue
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as pro	erformance of my dutic ovided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is m that the limited liability

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

12: 05

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 = Ma AMBR = Au	inager ithorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Brian Wyta	Carl PGA Blud Ste 399 Palm Beach Garden, FL 334	Add
		Palm Beach Gardery, FL 334	<u>lo</u> □ Remove
.00.00			□ Change
MGB	Lee Maretin	6231 PGA Rud Ste39	7 □ Add
		Palm Beach Gardons FL 33418	Remove
			Change
			Add
		<u> </u>	Remove
			Change
			□ Add
			Remove
			Change
			· □ Add
			Remove
			Change
-		FF STATE FLOR	TO Add
		DRITE A	Remove
			Chance

If amending any other information, enter change(s) here: (Attach additional sheets, if ne	cessary.,)	
· ·			·
			
			
			
		.,	
	<u>.</u>		
Effective date, if other than the date of filing:			
the record specifies a delayed effective date, but not an effective time, at 12:01) The 90th day after the record is filed.	. a.m. c	on the	earlier of:
Dated April 18 2016			
Robert B Cook		2015	
Signature of a member or authorized representative of a member Debo 2 + 3 Cook	CRETAR	6 APR 2	
Typed or printed name of signee	SE OF	U	m
Page 3 of 3	STATE	12: 05	. (3)

Filing Fee: \$25.00