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(((H160001068583)))



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Division of Corporations

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From:

Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.

Account Number : 076077003231 Phone : (561)650-0471 Fax Number : (561)650-5300

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PLAN GRADER, LLC

SCANTENANT STATE

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## S. YOUNG

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H16000106858 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLAN GRADER, LLC	•
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000080302</u>	were filed on April 25, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	llity company here:
PLANGRADER, LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	16 AFC
(Principal office address MUST BE A STREET ADDRESS)	AP AR
	N 69
	a man
D	
Enter new mailing address, if applicable:	. 07
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

H16000106858 3

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=	AMBR = Authorized Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action				
			□ Add				
			☐ Remove				
			Change				
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APR. 29. 2016 11:24AM JONES FOSTER 561 650 0435

NO. 4292 P. 4

If amonding any other		H16000106858 3
. 11 amenoing any other	information, enter change(s) here: (Attach additional sheets, if necessar	y.)
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fan effective date is listed, th Note: If the date inserted document's effective date	than the date of filing:  (optional)  the date must be specific and cannot be prior to date of filing or more than 90 days after filing in this block does not meet the applicable statutory filing requirements, this date on the Department of State's records.  delayed effective date, but not an effective time, at 12:01 a.m. the record is filed.	.) Pursuant to 605.0207 (3)(b) will not be listed as the
Dated April 29	2016	
Dateu	Jaysalaf	· 
	Signature of a member of Authorized representative of a member	ŝ
Larry B. Atexa	ander, Authorized Representative  Typed or printed name of signee	
	r Abea or brunes umine or arRuce	
	Page 3 of 3	
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Filing Fee: \$25.00