L11000181600

_
_
_

Office Use Only



600285108446

04/29/16--01027--013 **25.00

SCRETARY OF STATE

MAY 0 2 2016

3 MASON

COVER LETTER

Divisio	ration Secti on of Corpo	rations		
Da	Signey Part	ratus?		
SUBJECT:	egency Ean			
		Name of Limit	ed Liability Company	
The enclosed Ar	rticles of Ar	nendment and fee(s) are subm	nitted for filing.	
Please return all	correspond	lence concerning this matter to	o the following:	
		Jack Winebrenner		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Consult One Inc		
			Firm/Company	
		1384 54th Avenue NE		
			Address	
		St Petersburg, FL 33703		
			City/State and Zip Code	
	-	jackbrenner@jackbrenner.co		
		E-mail address: (to	o be used for future annual report notific	cation)
For further info	rmation cor	ncerning this matter, please ca	11:	
Jack Winebreni	ner		727 418-0319	
	Name of I	Person	at () Area Code Daytime	Telephone Number
Enclosed is a ch	heck for the	following amount:		
■ \$25.00 Filin	ng 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

Signature Regency Patriot LLC

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

(A Florida Limited Liability Company)

(A)	Florida Limited Lia	bility Company)		
The Articles of Organization for this Limited Liabi		ere filed on April 22.	2016	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	<u>e limited liabili</u>	ty company here:		
The new name must be distinguishable and contain the words	s "Limited Liability	Company," the designar	tion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	(DDRESS)			
				
Enter new mailing address, if applicable:	•			
(Mailing address MAY BE A POST OFFICE BO	<u>'X')</u>			
registered agent and/or the new registered office Name of New Registered Agent:	auuress nere:			
New Registered Office Address:				
		Enter Florida str	eet address	
-	1-48	City	, Florida	Zin Codo
New Registered Agent's Signature, if changing Regi	istered Agent:	City		Zip Code
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cha	igent and agree and complete pa red agent as pro- istered office a ange.	erformance of my dovided for in Chapt ddress, I hereby con ing Registered Agent, <u>S</u>	uties, and I am fa er 605, F.S. Or, i afirm that the lim	miliar with and f this document is ited liability
	Page 1	of 3	r (A)	; O

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>	<u>Address</u>	Type of Action
MGR	Kim M Mella	11637 Bristol Chase Drive	/a (∕Add
		Tampa, FL 33626 US	
			☐ Change
		-	
		·	□ Remove
			Change
			□ Remove
			Change
		·	□ Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change,
			Rem Co Re
			Change

	ation, enter change(s) here: (Attach additiona	• •
-		
Note: If the date inserted in this bedocument's effective date on the I	ed effective date, but not an effective tim	requirements, this date will not be listed as t
Dated April 27	2016	
	andrial.	
- The	Signature of a member or authorized representative of	fa member
Jack Winebrenner		APR 2
Jack Winebrenner	Typed or printed name of signee Page 3 of 3	APR 29 P 2: 14 RETARY OF STATE AHASSEE, FLORIDA