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PALLAHASSEE, FLORIDA

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COVER LETTER

TO:

Registration Section

NOYE Subject:	3 LLC				
		Name of Lim	ited Liability Con	npany	
The enclosed Articl	es of Am	nendment and fee(s) are sub-	mitted for filing		
Please return all cor	тesponde	ence concerning this matter	to the following	;	
		MICHAEL J COOPER			
			Name of F	Person	
			Firm/Con	npany	
		321 NW 3RD AVE			
•			Addre	SS	
		OCALA, FL. 34475			
			City/State and	Zip Code	
		MCOOPER@MICHAELJO			
	*** ****	: E-mail address: (to be used for fut	ure annual report noti	fication)
For further informa	tion cond	cerning this matter, please c	all:		, ,
MICHAEL J COO	PER-"		352 at (·
N	lame of Po	erson	Area	Code Daytim	e Telephone Number
Enclosed is a check	c for the	following amount:			
■ \$25.00 Filing F	⁷ ee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 F Certified (additional		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
. F	Registrati	G ADDRESS: on Section		STREET/COUR Registration Section	on
F	P.O. Box	of Corporations 6327 ee, FL 32314	ing graph and C onstitution of the state of	Division of Corpo Clifton Building 2661 Executive C	enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOYBILLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	180 GOOD HOPE ROAD	
(Principal office address MUST BE A STREET ADDRESS)	BLUFFTON, SC US 29909	
Enter new mailing address, if applicable:	180 GOOD HOPE ROAD	
(Mailing address MAY BE A POST OFFICE BOX)	BLUFFTON, SC US 29909	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, <u>ente</u>	HE N
Name of New Registered Agent:		OR STATE
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 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
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			□ Remove
			Change
			□ Add
			□ Remove
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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	oust be specific and cannot be prior to date of block does not meet the applicable state.	(options f filing or more than 90 days after fili utory filing requirements, this da	ng.) Pursua	ant to 60 of be lis	5.0207 ted as
ne record specifies a delay The 90th day after the re	ed effective date, but not an elecord is filed.	fective time, at 12:01 a.n	n. on th	e earl	ier of
MAY 20	2016				
Dated					
Dated MAT 20	Signature of a member or authorized re				

Page 3 of 3

Filing Fee: \$25.00