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Special Instructions to Filing Officer:
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K. SALY JAN -3 2017

## **COVER LETTER**

TO: Registration Sec Division of Corp	ction porations			
SUBJECT: 64	HZ AUTUMN BER	RY CIRCLE LL	1C	
-	Name of Limi	ted Liability Company		<del></del>
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspon	idence concerning this matter (	to the following:		
	PATRICI	K FINNIGAN Name of Person	1	
•				
•	FINNST	AR HOD/NGS Firm/Company	LLC	
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	Double D.	City/State and Zip Code	1 0.1	<del></del>
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	ncerning this matter, please ca	lt:		
JOHN M. ST	ARBUCK	at ( <u>904</u> )	472-3253	
Name of	Person	Area Code	Daytime Telephor	e Number
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		660.00 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

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642 AUTUMN BERRY CURCLE UL Commune at it now someons an our record The Articles of Organization for this Limited Liability Company were filed on JUNE 9, 2016 Florida document number L 16000 111 795 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLIC." 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 ner registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Florida

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 Age

Page 1 of 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:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	FINNSTAR HOLDINGS LLC	90 CASTLEBROOK LANE PONTE VEDRA, FL 32081	Add
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	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	earlie
ed	0000BER 18 , 2016.	
	/ Al h Jules	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00