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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

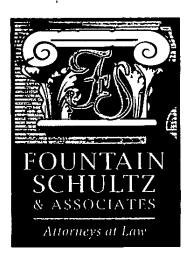


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KENNETH R. FOUNTAIN
KERRY ANNE SCHULTZ
SCOTT C. BRIDGFORD

August 29, 2016

VIA REGULAR U.S. MAIL

Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: Articles of Amendment to Articles of Organization

Dear Sir or Madam:

Enclosed please find the original and one copy of the Articles of Amendment to Articles of Organization for Fountain of Youth Ranch, LLC Also enclosed a check in the amount of \$25.00 for filing.

Please return a filed copy to me in the enclosed pre- addressed, stamped envelope.

Thank you for your assistance in this and should you have questions, please let us know.

Sincerely,

Fountain, Schultz & Associates, P.L.

Enclosures

MTL

2045 FOUNTAIN PROFESSIONAL CT. SUITE A

NAVARRE, FLORIDA 32566 Tel.: (850) 939-3535 FAX: (850) 939-3539

SANTA ROSA BEACH TEL: (850) 622-2700 FAX: (850) 622-2722

COVER LETTER

	egistration Sec ivision of Corp			
eun inca		OF YOUTH RANCH LLC		
SUBJECT	· •	Name of Lim	ited Liability Company	
The enclos	sed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspon	dence concerning this matter	to the following:	
		KERRY ANNE SCHULT.	Z	
			Name of Person	
		FOUNTAIN SCHULTZ &	ASSOCIATES, PL	
			Firm/Company	
		2045 FOUNTAIN PROFE	SSIONAL CT., SUITE A	
		1.0	Address	
		NAVARRE, FL 32566		
			City/State and Zip Code	
		KASchultz@Fountainlaw.c		· · · · · · · · · · · · · · · · · · ·
			to be used for future annual report notifica	tion)
For further	information co	ncerning this matter, please or	all:	
KERRY A	ANNE SCHULT		850 939-3535	•
	Name of	Person	at () Area Code Daytime To	elephone Number
Enclosed is	s a check for the	following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fec & 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

FOUNTAIN OF YOUTH RANCE (Name of the Lim		iny as it now appears on our records.) Liability Company)	
	(A Florida Limited l	Liability Company)	
The Articles of Organization for this Limited I Florida document number L16000146334	Liability Company	were filed on 8/4/2016	and assigned
Florida document number			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	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 th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		640-A JOHN SIMS PARKWAY	
		NICEVILLE, FL 32578	
		DO DOLLARS	
Enter new mailing address, if applicable:		PO BOX 1225	
(Mailing address MAY BE A POST OFFICE BOX)		DOTHAN, AL 36302	
B. If amending the registered agent and registered agent and/or the new registered of			ter the name of the
-		•	- T
Name of New Registered Agent:	KERRY ANNE	E SCHULTZ, ESQ.	37
New Registered Office Address:	2045 FOUNTA	IN PROFESSIONAL CT, SUITE A	PMI
	·	Enter Florida street address	\$. C
	NAVARRE	, Florida	3 2 563
		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

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 = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	JENSEN, CHRISTIAN E. JR	7253 PLANTATION RD	🗆 Add
		PENSACOLA, FL 32504	≅ Remove
			☐ Change
AMBR	JENSEN, JODIE	7253 PLANTATION RD	
		PENSACOLA, FL 32504	■ Remove
		PO BOX 1225	☐ Change
AMBR	SMITH, THOMAS S., JR.	DOTHAN, AL 36302	□ Add
			<u></u> ■ Remove
			Change
MGR	SMITH, THOMAS S., JR.	PO BOX 1225	∧ dgf
		DOTHAN, AL 36302	□ Remove
			Change
AMBR	SMITH, JAMES L	640-A JOHN SIMS PKWY	□ Add
		NICEVILLE, FL 32578	■ Remove
			☐ Change
MGR	SMITH, JAMES L	640-A JOHN SIMS PKWY	Add
		NICEVILLE, FL 32578	□ Remove
			☐ Change

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	<u> </u>
Note:	etive date, if other than the date of filing:(optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
atec	3/29/16
	and the second s
	Signature of a member or authorized corresentative of a member
	Chris E. Jensen JR.

MY COMMISSION #FF093712
EXPIRES February 18, 2018
FloridaNotaryService.com

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Filing Fee: \$25.00