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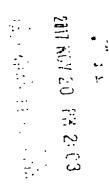
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J. HARRIS

# **COVER LETTER**

TO: Registration Section Division of Corp.			
SUBJECT:	Name of Limit	ed Liability Company	<u></u>
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Christop	her Hebberel	
		Name of Person	
		Firm/Company	
	PO B	ox 6238	
		Address	
•	Hudson	Address FL. 34667	
	•	City/State and Zip Code	
	E-mail address: (to	be used for future annual report notific	ation)
For further information con	ncerning this matter, please ca	II:	
Christon	hr Hhlard	at (727) 290- Area Code Daytime T	5573
Nume of	Cison	Tata cour	
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)	☐ \$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

K 1/2 1/2 1/2 1/2				
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our record	<u>                                      </u>		
(A Florida Limited Lia		_		
The Articles of Organization for this Limited Liability Company w	ere filed on $\frac{9/3c}{l}$	16	and ass	igned
Florida document number 4/6000/82569.				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company here:			
				2
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC	or the abbrevia	ition "L.	L.C."
Enter new principal offices address, if applicable:	· · ·			
(Principal office address MUST BE A STREET ADDRESS)			200	
			- <u></u>	:
		<del></del>	-< (2)	="
Enter new mailing address, if applicable:			Ö	-
(Mailing address MAY BE A POST OFFICE BOX)			73.	
(Maining duaress MAT BE AT OST OFFICE BOA)	·	<del></del>	نزر	·
	<del></del>		<del>ن</del> -	
B. If amending the registered agent and/or registered offic	ce address on our record	s enter the	name	of the nev
registered agent and/or the new registered office address here:	te address on sar record	s, chier the	1724110	or the nev
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street addres	XX		
	. Fl	orida		
	City	· · · · · · · · · · · · · · · · · · ·	p 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 = 1	Manager Authorized Member		
Title .	Name	Address	Type of Action
MGR	gregory Fisher	18001 N. Dale Masky 1 Lutz, Fl. 33548	tong Add
	• • •	LUTY, FL 33548	Remove
	<i>C</i> .		Change
MGR	Christopher Hubbard	P. O. Box 5238 Hydron, R. 34667	DP Add
		Hydron, R. 34667	Remove
			Change
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fective date, if other than the date of filing: 1/17/17 (optional)  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pu	ursuant to 60:	5.0207
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will locument's effective date on the Department of State's records.	II not b <b>e</b> list	ted as
Section ( Concessive date on the population of value ( ) to one.		
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	n the earli	ier of
The 90th day after the record is filed.		
2017		
Pated	7 / FND	
108 1 3020	· 否	Fin
Synature of a member or authorized representative of a member	53	t-
Tragory J. Fische	0	7
Typed or printed name of signee		
	2: 03	

Page 3 of 3

Filing Fee: \$25.00