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07/18/17--01018--006 **25.00

DIVISION OF CORPORATIONS FILED

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TO: Registration Section	ATTN MIS Simmore
SUBJECT:	LLC_
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
HILL VOIN Name of Person Name of Person Nam	$\frac{1}{2}$
For further information concerning this matter, please call:	

Name of Person at (941) 726 5364 Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

Certificate of Status

□ \$55.00 Filing Fee & Certified Copy (udditionat 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 Tallabassee, 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

The Articles of Organization for this Limited Liability Company were filed on (24 - 20) and assigned Florida document number L H d C C H H d G J.

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 Linbility Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:		0 -	
(Principal office address MUST BE A STREET ADDRESS)		T L	П
	,,,,,,,	DH L	F
Enter new mailing address, if applicable:		+ PH	m
(Mailing address MAY BE A POST OFFICE BOX)			0
		10 C	

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	Lorraine Sni	i-H1
New Registered Office Address:	3359 Sheffield	Cir street address
	Sanisita	, Florida <u>34239</u>
•	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.

lf Cha iging Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
Owner	Lorraine Smith	3359 Sheffield Cir	BAdd
423-11-J-1	· .	Spirasota FL 34239	Remove
			🔲 Change
Member	Shawn Gendy	2271 MilliTer Sourcesonta FL 34231	🗆 Add
		Source Sotta FL 34231	Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

sanch Orri DINISION OF CURREDIN LINKS , JUL 24 PH 1:01

E. Effective date, if other than the date of filing:

____ (optional)

(If 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.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated scatative of a member printed name of s fanee

Page 3 of 3

Filing Fee: \$25.00