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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

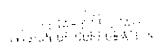
TO:	Registration Se Division of Cor			
SUBJI	ECT:		nited Liability Company	<u>.</u>
The en	closed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			offrey Pflug Name of Person Lrd Merrill	ner
			Firm/Company	
		8470 En	terprise Ciri	cle, Suite 201
		Braden	iton, FL 342	202
		jpfluc E-mail address: (City/State and Zip Code There icard to be used for future annual report noti	202 merrill.com
For fur	her information co	oncerning this matter, please e	all:	
J. (-	10 ffrey Name of	Pflugner/ FPERSON Kelly (O	at (941) 907 Area Code Daytim	- CCOCO
Enclose	d is a check for th	ne following amount:		
X \$25	5.00 Filing Fee	S30.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company v Florida document number $_L16000197553$	were filed on $\frac{10/2\omega/2010}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "L.L.C."
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 adapted and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

City

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:

THE RESERVE AND THE PARTY OF MGR = Manager AMBR = Authorized Member 21 APR 26 AM 9: 59 Address Type of Action Title Title <u>Name</u> David M Gulsby 115869 Wilmington, DAdd Port Charlotte, FL Blod. DAdd 33981 **X**Remove Daniella Salvatore 7507 S. Tamiami Tri XAdd Sarasota, FL 3 4231 MGR _____ □Remove _____ 🗆 Change □Add □ Change _____ □Add _____ 🗆 Remove

____ □Change

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ective date, if other than the date of filing	g: (optional)
reffective 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)(
cument's effective date on the Department of St	neet the applicable statutory filing requirements, this date will not be listed as the tate's records.
ecord specifies a delayed effective date, but not a s filed.	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
t Joseph Constitute of a m	2021
* 4 (0)	
Signature of a m	nember or authorized representative of a member
T.()	ank Cassata Typed or printed name of signee
	Typed or printed name of signee