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| (Requestor's Name) | |
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| (Address) | _ |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Division of C | | | |
|--------------------------------|--|---|--|
| Archadec | k Outdoor Living of Northeast F | Florida, LLC. | |
| | Name of Lim | tited Liability Company | |
| The enclosed Articles | of Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corres | pondence concerning this matter | to the following: | |
| | Chad Whitman | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 525 5th Avenue North | | |
| | Independing Death El 20 | Address | |
| | Jacksonville Beach, FL 32 | City/State and Zip Code | |
| | cswhitman@gmail.com | | |
| For further information | E-mail address: (concerning this matter, please c | to be used for future annual report notifiall: | cation) |
| Chad Whitman | | 904 629-3993 at () | |
| Name | of Person | Area Code Daytime | Telephone 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) | ☐ \$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

| Archadeck Outdoor Living of No | | | |
|--|--|--|----------------------------------|
| (Name of the Li | mited Liability Comp (A Florida Limited | any as it now appears on our recor Liability Company) | <u>rds.</u>) |
| The Articles of Organization for this Limited | l Liability Company | were filed on 11/10/16 | and assigned |
| Florida document number L16000207086 | | | |
| This amendment is submitted to amend the fo | ollowing: | | |
| A. If amending name, enter the new name | of the limited lial | oility company here: | |
| Outdoor Living Spaces of Florida, LLC | | | |
| The new name must be distinguishable and contain the | e words "Limited Liab | ility Company," the designation "LL | .C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if app | licable: | | |
| Principal office address MUST BE A STR | | NA | |
| 27.00.000 01100 01100 1100 1100 1100 1100 | JULY THOUSE THE | | (ii) |
| | | · · · · · · · · · · · · · · · · · · · | <u></u> |
| C | | | NOV 3 |
| Enter new mailing address, if applicable: | | NTA | |
| <u>Mailing address MAY BE A POST OFFIC</u> | EE BOX) | NA | |
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| | | | ☴ 0 |
| B. If amending the registered agent ar | | | ds, enter the name of the ne |
| registered agent and/or the new registered | office address her | <u>ē</u> : | |
| | NA | | |
| Name of New Registered Agent: | 110 | | |
| New Registered Office Address: | | | |
| | | Enter Florida street addre | ess |
| | | F | Torida |
| | | 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

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 | <u>Address</u> | Type of Action |
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| Effect | date, if other than the date of filing: (option | nai) | |
| f an eff | ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after f the date inserted in this block does not meet the applicable statutory filing requirements, this | iling.) Pursuant to 605.02 | 207 |
| | t's effective date on the Department of State's records. | date will not be listed | as |
| | | | |
| ne red The | rd specifies a delayed effective date, but not an effective time, at 12:01 a. Oth day after the record is filed. | m. on the earlier | of |
| Dated | /22/16 | | |
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee