LKOODZ19087

(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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DEPARTMENT OF STATE

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FILED SECRETARY OF STATE JAYIE AVISTON OF CORPORATIONS

D. SCOTT MAR 2 7 2017

COVER LETTER

N 50	•	,		
TO: Registration So Division of Co			•	
SUBJECT: <u>G</u> a	tor Point's Name of Limi	Finest Repair ted Liability Company	L.L.C	
The enclosed Articles of	Amendment and fec(s) are sub	nitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jes	Se L. Pulham Name of Person	·	7
	Grator Po	Firm/Company Repu	ic L.L.C	SIGN OF CO
		Alligator DR. Address		ORPOGATION 2: 0
	Puna	City/State and Zip Code		F 6
	E-mail address: (1	5387 a q mail control of the used for future annual report notification	nication)	
For further information of	concerning this matter, please ca	ali:		
	Pulham .	at (<u>850</u>) <u>879</u>	e Telephone Number	¥
Enclosed is a check for t	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

Gator Point's Fine (Name of the Limited Liability Com (A Florida Limited)	s+ Repuir L.C. C pany as it now appears on our records.) ed Liability Company)	<u></u>
The Articles of Organization for this Limited Liability Compa	ny were filed on	and assigned
Florida document number <u>L14000219087</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability 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)		= = = = = = = = = = = = = = = = = = =
Enter new mailing address, if applicable:		STON OF CO
(Mailing address MAY BE A POST OFFICE BOX)		F PP
		22
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, <u>ent</u> ere:	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		484 48 884 /
	Enter Florida street address	
	diment is submitted to amend the following: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company," the designation "LLC" or the abbreviation "LLC." Inding name, enter the new name of the limited Liability Company," the designation "LLC" or the abbreviation "LLC." Inding address, if applicable: Inding address MUST BE A STREET ADDRESS) Inding address, if applicable: Inding address, if applicable: Inding address, if applicable: Inding the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here: Inding the registered Agent:	-
	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

or removed f	from our records:		
MGR = Ma	anager uthorized Member	•	•
Title	Name	Address	Type of Action
PMBR	James M. Packett	28 At Lee Lane Crawforduille Fla, 35	
			☐ Change
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			□ Remove
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	N. Comments		□ Remove
			Change .

-If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

Fective date, if other than the date of filing:		•		
Tective date, if other than the date of filing: 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 ofte: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as				
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Tective date, if other than the date of filing:	-		<u> </u>	27
	an ef ote:	tive date, if other than the date of filing: (optional) Yective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	 o 605.02	207 as
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e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.		3/27/17		

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Filing Fee: \$25.00