To: Page 2 of 5

Division of Corporations



Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023
Phone: (614)280-3338
Fax Number: (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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DEPARTMENT OF STATE
VISION OF CORPORATION

TALLA HAS SEE. FLORING

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	ed Liability Company's it (A Florida Limited Liability	now appears on or Company)	r records.)		
The Articles of Organization for this Limited Li.	ability Company were t	filed on 12/16/20	16	_ and assig	ned .
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability co	ompany here:			
The new name must be distinguishable and contain the w	ords "Limited Liability Con	npany," the designat	ion "LI.C" or the abbre	viation "L.L.	<u> </u>
Enter new principal offices address, if applica	able:			<u></u>	전 ·
(Principal office address MUST BE A STREE	TADDRESS)		41	5.	<u> </u>
			· · · · · · · · · · · · · · · · · · · 		PHIL
Enter new mailing address, if applicable:				975	:2
(Mailing address MAY BE A POST OFFICE)	<u> </u>				
B. If amending the registered agent and/or the new registered of		ddres on our	records, enter th	e name of	the new
Name of New Registered Agent:	NRAI Services, Inc.	Ġ÷	·		
New Registered Office Address:	1200 South Pine Islan	d Road			•
	<u> </u>	Enter Florida str	et address		
	Plantation	<u> </u>	, Florida	4	· ·
	· Ci	ity		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, Signatury of New Registered Agent Asst

Secretury

Page 1 of 3

CONTRACTOR OF THE SERVICE SERVICES

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	Address	Type of Action
MGR	James Forster	100 W Livingston St	a Add
		Orlando, FL 32801	□ Remove
			Change
MGR	Eric Forward	100 W Livingston St	🗆 Add
,		Orlando, FL 32801	_ □ Remove
		form of the control o	Change
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The	e 90th day afte	er the record is fi	led.			•		
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	#	Signature	of a member or au	thorized repres	entative of a mer	nher		•
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Filing Fee: \$25.00