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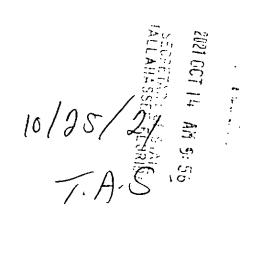
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COVER LETTER

TO:	Registration Se Division of Cor		
CUBIE		VELOPMENT LLC	
SUBJE	ul:	Name of Lim	ited Liability Company
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please re	eturn all correspo	ondence concerning this matter	to the following:
		JACOB MYER	
			Name of Person
		MYER DEVELOPMENT	LLC
			Firm/Company
		1922 SE 13TH STREET	
			Address
		OCALA, FL 34471	
			City/State and Zip Code
		MYERDEVELOPMENT@	to be used for future annual report notification)
For furth	ner information o	concerning this matter, please co	•
JACOB	MYER		352 812-9953
Name of Person		of Person	at () Area Code Daytime Telephone Number
Enclosed	d is a check for the	he following amount:	
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 27	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

MYER DEVELOPMENT LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records, ted Liability Company))
The Articles of Organization for this Limited Liability Comp	any were filed on 01/04/2017	and assigned
lorida document number L17000003238		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	. <u></u> .
		28
		AET OCT
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		\$5.5
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. If amending the registered agent and/or registered offi gent and/or the new registered office address here:	ice address on our records, <u>enter t</u>	he name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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>	<u>Name</u>	Address	Type of Action
MGR	Clinton Christopher Schweers	744 NE 26th Terrace Ocala, FL 34470	(■ Add)
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			□Change
			□ Add
			□Change
			Add
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			□ Remove
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f an effective date is listed, the date m	ust be specific and					· listed a
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