LITOOCC	C	9098
(Requestor's Name) (Address) (Address)	-	200309980072
(City/State/Zip/Phone #)	-	03/06/1801015009 **25.00
(Business Entity Name) (Document Number)	-	
Certified Copies Certificates of Status		TALLAHASSEE. FLORIDA

Office Use Only



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ARTICLES OF A	MENDMENT
ТО	
ARTICLES OF OF	RGANIZATION
OF	
(Name of the Limited Liability Company (A Florida Limited Lia	ad it now appears on our records.) bill ty Company)
The Articles of Organization for this Limited Liability Company w	rere filed on ind assigned
Florida document number <u>L1700000 9098</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
NIA	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	nla
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	8 MAR -
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offir registered agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Designed Access Concerns (Coherented Designed) Access	

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

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AMBR = Aut	horized Member			
<u>Title</u>	Name	<u>Address</u>		<u>Type of Action</u>
AMBR	TREVOR Johnson	n 1626	(Frowsder Chapel Rd 2539	Add
				Remove
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E Effer	tive data if other than the data of filing. Manual	14 JOIB (optional)	
L. Lifer	tive date, if other than the date of filing:		
Note:	If the date inserted in this block does not meet the applicable stat	utory filing requirements, this date will not be listed as the	
	nent's effective date on the Department of State's records.		
	cord specifies a delayed effective date, but not an ef	fective time, at 12:01 a.m. on the earlier of:	
(b) The	e 90th day after the record is filed.		
	M. th Dalk		
Dated	MARCH 5th , 2018.		
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	* Windoll Warn	Arg	
	Signature of a member or authorized per	resentative of a member	
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	spea or prince parte		
	Dage 2 of 2		
	Page 3 of 3		
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D. If amending any other information, enter change(s) here: (Atlach additional sheets, if necessary.)

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