# 117000029522

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone #	<del>f</del> )
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## GKW&H

GIBSON, KOHL, WOLFF & HRIC, P.L. 1800 Second Street, Suite 920 Sarasota, Florida 34236

Reply To: P. O. Box 49823 Sarasota, FL 34230

MICHAEL HRIC
Attorney At Law

Telephone: (941) 954-1359

Fax: (941) 953-2501

March 6, 2017

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re:

3941 Warren, LLC

Document Number: L17000029522

#### Dear Ladies & Gentlemen:

Enclosed please find check #1674 in the amount of \$25.00 for filing of the Articles of Amendment changing the name of 3941 Warren, LLC to Services by 3424 Plantation Drive, LLC. Also enclosed is a copy of the Articles of Amendment and a self-addressed postage paid envelope for return of a filed copy of the Articles of Amendment.

Should you have any questions or require any additional information, please do not hesitate to contact this office.

Very truly yours,

Michael Hric

MH/sam

Enclosures

### **COVER LETTER**

T(		gistration S vision of Co			
<b>S</b> 11	BJECT:	3941 Warr	en, LLC		
30	BJECI.	<u>., </u>	Name of Lin	nited Liability Company	
Th	e enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Ple	ase returi	all correspo	ondence concerning this matter	to the following:	
			Michael Hric		
				Name of Person	
			Gibson, Kohl, Wolff & Hr	ic, P.L.	
			<del></del>	Firm/Company	
			1800 2nd Street, Suite 920		
				Address	
			Sarasota, Florida 34236		·
				City/State and Zip Code	
			michaelhric@michaelhrices		
				to be used for future annual repo	nt notification)
For	further in	nformation c	oncerning this matter, please co	all:	
Mic	chael Hrid	<b>.</b>		941 954-13 at ()	
		Name of	f Person	Area Code I	Daytime Telephone Number
Enc	losed is a	check for th	ne following amount:		
	\$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	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

3941 Warren, LLC					
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our la Limited Liability Company)	records.)			
The Articles of Organization for this Limited Liability	Company were filed on <u>02/06/2017</u>	and assigned			
Florida document number L17000029522	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company here:				
3424 Plantation Drive, LLC					
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	RESS)				
	****				
Enter new mailing address, if applicable:	<del></del>	·			
(Mailing address MAY BE A POST OFFICE BOX)		·			
B. If amending the registered agent and/or registered agent and/or the new registered office add		cords, enter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	City	_, Florida			
New Registered Agent's Signature, if changing Registere	ř	Lip Code			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	and agree to act in this capacity complete performance of my dutic gent as provided for in Chapter of ed office address, I hereby confir	es, and I am familiar with and 605, F.S. Or, if this document is			
	r				
	If Changing Registered Agent, Signa	ture of New Registered Agent			
	Page 1 of 3	SET O TO			
	3	ST 22			

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>Address</u> Type of Action <u>Name</u> □ Add □ Remove □ Change □ Add □ Remove □ Change ☐ Remove □ Change □ Add □ Remove \_□ Change □ Add □ Remove ☐ Change υ Remove

☐ Change

11 31	mending any other information, enter change(s) here: (Attach a	dditional sheets,	if neces	sary.)	
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î an e Note:	ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing  If the date inserted in this block does not meet the applicable statutory ment's effective date on the Department of State's records.	or more than 90 days	options safter filit s, this da	ng.) Purs	uant to 605.02 not be listed
	ecord specifies a delayed effective date, but not an effecti se 90th day after the record is filed.	ve time, at 12:	01 a.m	ı. on ti	he earlier
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	Signature of a member or authorized represent	ative of a member	TARY	<del>د.</del>	
	Michael Hric  Typed or printed name of sign	ee	E 9	ַ	
	- ) ped of printer maile of sign		STATE	? 5	
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Filing Fee: \$25.00