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COVER LETTER

Division of Cor Access Hig	th Point, LLC		
SUBJECT:		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Lana Cahill		
	<u> </u>	Name of Person	
	Access Management Co., L	LC	
		Firm/Company	
	14690 Spring Hill Drive, St	uite 101	
		Address	
	Spring Hill, Florida 34609		
		City/State and Zip Code	
	lcahill@ahcpllc.com	o be used for future annual report notifi	
	E-mail address: (8	o be used for future annual report notifi	Cationy
For further information of	concerning this matter, please ca	11:	
Lana Cahill		352 799-0046 at ()	<u></u>
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

Access High Point, LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our in Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liab	ility Company were filed on February 14	, 2017 and assigned
This amendment is submitted to amend the follow	ing:	
This amendment is submitted to amend the follow A. If amending name, enter the new name of the The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	ne limited liability company here:	# 0CT
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation	"LLC" or the abbreviation "L.T.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street o	address
_		Florida
	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>	<u>Address</u>	Type of Action
MGRM	Access Management Co., LLC	14690 Spring Hill Drive, Suite 101	
		Spring Hill, Florida 34609	Remove
			Change
MGR	Access Management Co., LLC	14690 Spring Hill Drive, Suite 101	
		Spring Hill, Florida 34609	□ Remove
			Change
			Add
			Remove OC TO
			OCTO DIChange
			□ Remove
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lf an cfl <u>Note:</u>	Tective date i If the date	s listed, the da inserted in t	n the date of te must be specified block does the Department	eific and car s not mee	nnot be prio t the applic	r to date of f cable statut	iling or more	than 90 days a quirements,	ifter filing.)	Pursuant to 605.0 vill not be listed	207 (. Las tl
The	90th da	y after the	ayed effec e record is	tive dat filed.	e, but no	ot an effe	ective tim	e, at 12:0	1 a.m. o	n the earlier	of:
Dated	October 5,	DE		·	2017						
	-		Signatu	re of a men	nber or auth	orized repre	sentative of	n member	-		

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Filing Fee: \$25.00