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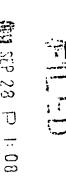
| (Re                     | questor's Name)   |      |
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| (Cit                    | y/State/Zip/Phone | e #) |
| PICK-UP                 | ☐ WAIT            | MAIL |
| (Bu                     | siness Entity Nan | ne)  |
| (Do                     | cument Number)    |      |
| Certified Copies        |                   |      |
| Special Instructions to | Filing Officer:   |      |
|                         |                   |      |
|                         |                   |      |
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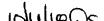




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## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |   | \$ ·  |  |     |
|--|---|---|--|-----|
| SUBJECT:                               | Mulater F.  | ited Liability Company  |  |     |
|  |   | · · ·   |  |     |
| The enclosed Articles of               | Amendment and fee(s) are sub-                         | mitted for filing   |  |     |
| Please return all correspo             | ondence concerning this matter                        | to the following:   |  |     |
|  | Brian Ko  | Human<br>Name of Person   |  |     |
|  | Stillwater,   | F C C C Firm/Company  | . P  |     |
|  |   | Kum En # 35   |  | · 1 |
|  | b Kothmana  | City/State and Zip Code  day/eam.net                                      |  |     |
| For further information c              | E-mail address: (to concerning this matter, please ca |   | ication)   |     |
| Brian Kur<br>Name o                    | themen<br>of Person                                   | at ( <u>904</u> ) <u>739</u> -<br>Area Code Daytime                       | - 5-7 4 4<br>Telephone Number  |     |
| Enclosed is a check for t              | he following amount:                                  |   |  |     |
| <b>2</b> \$25.00 Filing Fee            | ☐ \$30.00 Filing Fee &<br>Certificate of Status       | □ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |     |
|  | ING ADDRESS:  | STREET/COURTS   |  |     |

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Still Water F-C CC<br>(Name of the Limited Liability Co<br>(A Florida Limi                                      | mpany as it now appears on our             | records.)                             |
|---|--|---------------------------------------|
| (A Florida Limi   | ted Liability Company)                     | , , , , , , , , , , , , , , , , , , , |
| The Articles of Organization for this Limited Liability Comp  | any were filed on $\frac{Z/z}{}$           | 7 3017 and assigned                   |
| Florida document number <u>L17 0000 45 4 0</u> 9  |  |                                       |
| This amendment is submitted to amend the following:   |  |                                       |
| A. If amending name, enter the new name of the limited  | liability company here:                    |                                       |
| Stillulater Florida LCC The new name must be distinguishable and contain the words "Limited t                   |  | ·                                     |
| 'he new name must be distinguishable and contain the words "Limited I   | iability Company," the designatio          | n "LLC" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:   |  |                                       |
| Principal office <u>address MUST BE A STREET ADDRESS</u>  | <u> </u>                                   |                                       |
|   |  | 52                                    |
|   |  |                                       |
| Enter new mailing address, if applicable:   |  |                                       |
| (Mailing address MAY BE A POST OFFICE BOX)  |  | :> 1                                  |
|   |  |                                       |
|   |  | •                                     |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | d office address on our r<br><u>here</u> : | ecords, enter the name of the new     |
|   |  | ,                                     |
| Name of New Registered Agent:   |  |                                       |
| New Registered Office Address:  |  |                                       |
|   | Enter Florida stree                        | t address                             |
|   | (**.b.)                                    | , Florida                             |
|   | Cuy  | гэр Соас                              |

## 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 = M $AMBR = A$ | anager<br>uthorized Member |         |                |
|--------------------|----------------------------|---------|----------------|
| <u>Title</u>       | Name                       | Address | Type of Action |
|                    |                            |         |                |
|                    |                            |         | Remove         |
|                    |                            |         | Change         |
|                    |                            |         |                |
|                    |                            |         | ☐ Remove       |
|                    |                            |         | ☐ Change       |
|                    |                            |         | Add A          |
|                    |                            |         | Rembye  Change |
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| ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filing or more that  te: If the date inserted in this block does not meet the applicable statutory filing requestment's effective date on the Department of State's records. | (optional)<br>n 90 days after filing.) Pursuant to 605.020<br>irements, this date will not be listed a: |
| record specifies a delayed effective date, but not an effective time, the 90th day after the record is filed.   | at 12:01 a.m. on the earlier of   |
| ed 9/26 Signature of a member or authorized representative of a m   |   |
| the Wort Member 1 Accent  |   |