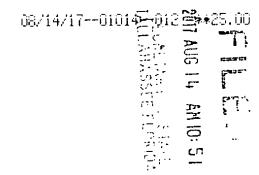
117000049509

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



200302157332



J. HARRIS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (<u>Name of the Limited Liability Compar</u> (A Florida Limited L | ny as it now appears on our records.) Jability Company) | |
|---|---|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L1700049509</u> . | were filed on 3/2/17 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | dity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabili | ity Company," the designation "LLC" or the a | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 70 P |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | 7 |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> |
| | | <u> </u> |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | | the name of the new |
| Name of New Registered Agent: | Price | |
| New Registered Office Address: 7/0 3 | S MILITARY TRail Enver Florida Street address | Oldg 43 |
| Deerfi | red Beach Florida_ | 33442 |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| hereby accept the appointment as registered agent and agreorovisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as propering filed to merely reflect a change in the registered office a company has been notified in writing of this change. | performance of my duties, and I am rovided for in Chapter 605, F.S. Or | familiar with and , if this document is |

Page 1 of 3

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>11116</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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| E. Effective date, if other than the date of filing: \$\frac{9}{2}\frac{1}{1}\frac{7}{1}\$ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date of document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. of the poth day after the record is filed. Dated Dated | | |
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| Note docu | 1 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listement's effective date on the Department of State's records. | ed as |
| ne re Th | e 90th day after the record is filed. | ال ان |
| Date | 7. | ¢om, |
| | John m Parca | D=2 |
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| | Page 3 of 3 | |

Filing Fee: \$25.00