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| (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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COVER LETTER

| TO: Registration S Division of Co | | | · | |
|--------------------------------------|--|---|--|--------|
| SUBJECT: | AYNE SUD Name of Lin | ASSOCIATES, | <u>LLC</u> | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | MicHAE | LD. LAY | WS | |
| | LAYLE A | Name of Person V | Es, LLC | |
| | 13947 | Sw 16157 Address | Court | |
| | Missi | City/State and Zip Code | 3196 | |
| | Cayony h-mail address! | to be used for future annual report notif | | /. |
| For further information of | concerning this matter, please c | all: | JUL 2 ETAR HASS | |
| Michael Name o | of Person | at (<u>786)</u> 42 Area Code Daytime | 7-3366 | |
| Enclosed is a check for the | he following amount: | | A 0 | |
| \$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) | |
| MAII. | ING ADDRESS: | STREET/COURI | ER ADDRESS: | |

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

| LAYNE AND ASSOCIATES, LLC |
|---|
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) |
| The Articles of Organization for this Limited Liability Company were filed on MARCH 6, 207 and assigned Florida document number 4 1 7 00005 1622 |
| This amendment is submitted to amend the following: |
| A. If amending name, enter the new name of the limited liability company here: |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" |
| Enter new principal offices address, if applicable: |
| (Principal office address MUST BE A STREET ADDRESS) |
| |
| Enter new mailing address, if applicable: |
| (Mailing address MAY BE A POST OFFICE BOX) |
| |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: |
| Name of New Registered Agent: |
| New Registered Office Address: |
| Enter Florida street address Florida |
| 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 are familiar with me 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 Bability |

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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> | Name | Address | Type of Action |
|--------------|---------------|--|-----------------------|
| AP | KATHRYN LAYUE | 13947 SW 161 ⁵ Cour Minui FL 33196 | Z 🗆 Add |
| | | MIAUI FL 33196 | Remove |
| | | | Change |
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| : If am | rending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| E.C. | $\frac{7}{2}\frac{1}{1}$ |
| Note: | tive date, if other than the date of filing: |
| the re | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: |
|) The | e 90th day after the record is filed. |
| Dated | July 21, 2017 |
| | |
| | Signature of a member of authorized representative of a member |
| | MicHAEL DI AVNE |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00