L170000 55903

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Embassy (le	aning LLC				
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears imited Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Con Florida document number <u>L17000055903</u>	npany were filed on	3/10/17	ar	nd assigr	ned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	d liability company her	<u>e</u> :			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the des	ignation "LLC" or the	abbreviati	on "L.L.C	<u> </u>
Enter new principal offices address, if applicable:			_		
(Principal office address MUST BE A STREET ADDRE,	<u>SS)</u>				
Enter new mailing address, if applicable:			1.	7 9	
(Mailing address MAY BE A POST OFFICE BOX)	,		2.1	-10	 -
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				-	\$, ;
B. If amending the registered agent and/or register		our records, <u>ente</u>		ame of	the nev
registered agent and/or the new registered office address	ss nere:		3.	S	
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florid	la street address			
		, Florida		<u> </u>	
	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 **Title** <u>Name</u> **Address** Type of Action AMBR Carla Pugh 1715 NW 27 Terrace Gainesville NAdd □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ <u>Re</u>move _□ Change ∴ □ Remove _□ Change □ Add ☐ Remove ☐ Change _□ Add □ Remove ☐ Change

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Effective date, if other than the date of filing: 9/6/17	_ (optional)		
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing requidecument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time,	n 90 days after filing.) F rements, this date w	Pursuant to ill not be	liste
The 90th day after the record is filed.			
Dated September 7 2017. Signature of a member or authorized representative of a member of			_

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