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TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA
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APR 2 8 2017 S. YOUNG

COVER LETTER

TO: Registration S Division of Co		No.	
Span .	ABACO MA	201600000	LC
SUBJECT:	Name of Lin	ROAGROUND, L nited Liability Company	
	Amendment and fee(s) are sub	-	
	\mathcal{Q}_{0}	ocky Griff: t Name of Person	<u> </u>
	ABACO	/4 A RDAC ROUND, Firm/Company	LLC FEE
	819 C1	1035 Street Address	APR 2
	<u>Desti</u>	n FL 3258	APR 27 PH 2: LE
	ABACO A E-mail address: (TARDA GROUND (4 to be used for future annual report notif	ication) E
For further information of	concerning this matter, please c	all:	
Rocky	Griff: 4h	at (<u>850</u>) <u>974</u> 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)
MAIL	JNG ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con		C C.
(<u>Name of the Limited Liability Con</u> (A Florida Limit	ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on $\frac{z}{2}$	2-17 and assigned
Florida document number <u>#17000618837</u>		,
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		TASE .
Enter new mailing address, if applicable:		PR 21
(Mailing address MAY BE A POST OFFICE BOX)		P TO
Maning dadress MAT BL AT OST OF FICE BOA		2: 14
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
	C':	, Florida Zip Code
	City	гір Соде

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

	g Authorized Person(s) authorized to man from our records:	age, enter the title, name, and address of	each person being added
MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Phillip RANDY WissON	819 (ross St	Add
	,	1851 n, 6, 32541	Remove
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fan effecti <u>Note:</u> If 1	ve date is listed, the date inserted	than the date he date must be sp d in this block d e on the Departi	pecific and co	annot be pri et the appl	icable stati	filing or mor	e than 90 day	(optional) s after filing s, this date	.) Pursuant t	o 605.0207 (. e listed as tl
		delayed effor the record i		te, but r	ot an ef	ective tir	ne, at 12:	01 a.m.	on the e	earlier of:
Dated	4-13	-2017 Rock Stgne	,		·					
		Jak	19:	p. 10						
		Kolley Signa	iture of a ne	mber or au	thorized ren	resentative o	f a member			_

Page 3 of 3

Filing Fee: \$25.00