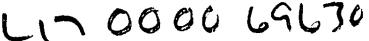
Division of Corporations

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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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From:

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Account Number : I20040000104 Phone : (904)366-1500 Fax Number : (904) 166-1501

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2017 IAVF WINDY CITY SHADDLE LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

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:	2017 JAVF WINDY CITY SHADDLE LLC	· · · · · · · · · · · · · · · · · · ·	
Florida document numberL1700069630	(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our record. Liability Company)	ก
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 appreviation "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)  3. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida sneet address  Enter Florida sneet address  Enter Florida sneet address  Tip Code	The Articles of Organization for this Limited Liability Company	were filed on <u>03/27/2017</u>	and assigned
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 althreviation "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**  3. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  **Name of New Registered Agent**  New Registered Office Address**  **Enter Florida sneet address**  **Ent	Florida document number		<b>U</b>
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)  3. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida sneet address  Florida  Tip Code	This amendment is submitted to amend the following:		
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New Registered Office Address:  Enter Florida street address  Ci; - , Florida, Florida	egistered agent and/or the new registered office address her	ffice address on our records, <u>c</u> :	enter the name of the r
Enter Florida street address, Florida	Traine of Free Acceptator Agent.		
Cii , Florida	New Registered Office Address:		
Ci: - Zip Code		Enter Florida street address	
$\cdot$	-		
		•	Zip Code

## N

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

10/06/2017 03:28 9043661501

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	Name	Address 7	Type of Action
<u>MGR</u>	INVEST IN AMERICA'S. VETERANS FOUNDATION,	4820 Leonard Street	□ Add
	INC.	Cape Coral, Florida 33904	₽ Remove
	,		Change
AMBR	BETTER HOUSING FOUNDATION	N 5701 Tynecastle Loop	Ģ Add
		Dublin, Ohio 43016	☐ Remove
			☐ Change
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fective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to the: If the date inserted in this block does not meet the applicab cument's effective date on the Department of State's records.	date of filing or more than 90 days after filing.) Pursuant to 605.020 tle statutory filing requirements, this date will not be listed a
record specifies a delayed effective date, but not a he 90th day after the record is filed.	an effetive time, at 12:01 a.m. on the earlier o
ed October 6 2017	
Signature of a member or authoriz	<del></del> -

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Filing Fee: \$25.00