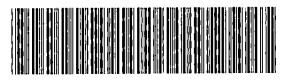


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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: COLLINS	Cohkins Name of Limi	Hay Alic S ited Liability Company	LLC.
. The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Picase return all correspo	ondence concerning this matter	to the following:	
	Bou	Name of Person	
	Coth	ins AguATics	LLC.
	1100 US	HISTORY 27	SuiT A
		TFL, 347 City/State and Zip Code	
	E-mail address: (t	SAGMAIL. COM	ication)
For further information c	oncerning this matter, please ca	ıll:	
Bruce Name o	<u>Cullins</u> of Person	at ( <u>740</u> ) <u>438- (</u> Area Code Daytimo	0674 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)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it how appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L/7000 70 388</u> .	were filed on $3-28-20/7$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)	1100 US Highway 27 SuiTE A CLERMONT FL. 34714
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	1100 US HISHWAY 27 SUITE A CLERMONT FL 3474
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	SHICHWAY 27 SUITE A
New Registered Office Address: 1100 U	MONT, Florida 34714  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

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Bruce Collins	1100 US HIShway 2757	A□Add
mgRm		CLERMONT FL 34714	
			☐ Change
VP_	PATTI A COLLINS	421 GARY PLAYER D	<u> </u>
		DAVENDOUT FL 3383	7 Hemove
			□Change
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Effective date, if of	other than the date of filing:	not by prior to date of tiling o	(optional)	Pursuant to 605 0207 (
Note: If the date in	recreed in this block does not meet to date on the Department of State	the applicable statutory fi	ling requirements, this date v	vill not be listed as t
he record specifies a ord is filed.	delayed effective date, but not an e	ffective time, at 12:01 a.i	n. on the earlier of: (b) The	90th day after the
Dated		·		
	Bruce	Lalling of authorized representa	<u> </u>	
			ave at a member	