L17000080120

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APR 2 6 2017 S. YOUNG SECRETARY OF SIGHT TALKAHASSEE FLORIDA 17 APR 25 PM 3: 50

COVER LETTER

TO: Registration S Division of Co			•	
SUBJECT:	Holds, LLC		•	
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Rodelia	a O'Shaughnessy Name of Person	<u>′</u>	
		Holds , LLC Firm/Company	19 11	
	<u>6393 Pine</u>	Meadows Dr. Address		
	Spring,	Hill FL 34600 City/State and Zip Code	<u> </u>	SEGRETARY OF STATE ALLAHASSEE, FLORIDA 17 APR 25 PM 3:50
	E-mail address: (to be used for future annual report notif	ication)	R 25
For further information of	concerning this matter, please co	all:		P ST
Rodelia	O'Shaughnessy of Person	at (404) 697- Area Code Daytime	2709 Telephone Number	3: 50
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 State Certified Copy (additional copy is enc	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Holds ,	LLC
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number <u>L1700008018</u>	ility Company were filed on <u>April 10, 2017</u> and assigned 20
This amendment is submitted to amend the followi	ing:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) 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	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
-	, Florida City Zip Code
	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 = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	William John O'Shaughnessy		□ Add
	·	6393 Pine Meadows Br. SpringHill, FL 34600	D Remove
			Change
NGR	Rodelia Droullo O'Shaughnessy	6299 Pine Meadows Dr. Spring Hill, FL 3460	6 D Add
			□ Remove
			Change
			OAdd Z
		· · · · · · · · · · · · · · · · · · ·	Remove 25
		-arra-tartar	_ Change
			Change 3: 50
			_□ Remove
			_C Change
			_□ Add
			Remove
		****	_□ Change
			_C Add
			_□ Remove
	•		_□ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if neces	
	 _
	•
	
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	3: 50
Effective date, if other than the date of filing:	iling.) Pursuant to 605.0207 (3
the record specifies a delayed effective date, but not an effective time, at 12:01 a. The 90th day after the record is filed.	m. on the earlier of:
Dated <u>April 12,</u> , <u>2017</u>	
Signature of a member or authorized representative of a member	
Rodelia O'Shaughnessy Typed or printed before of signee	

Page 3 of 3

Filing Fee: \$25.00