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(Re	equestor's Name)	
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D. SCOTT MAY 2 5 2017

COVER LETTER

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CLUD II		ABERCROM	IBIE INVESTMENTS, LLC		
SUBJE	sc1: _		Name of Limi	ted Liability Company	
The en	closed	Articles of A	mendment and fee(s) are sub	nitted for filing.	
Please	return :	all correspond	dence concerning this matter	to the following:	
			Thomas E. N. Shea, Esq.		
				Name of Person	
			Cole, Scott & Kissane, P.A		
				Firm/Company	
	1900 Summit Tower Blvd., Suite 400				
				Address	
			Orlando, FL 32810		
				City/State and Zip Code	
			thomas.shea@csklegal.com		
			E-mail address: (1	o be used for future annual report notification	
For fur	ther in	formation con	ncerning this matter, please ca	all:	
Thoma	as Shea	1		321 972-0005 at ()	
		Name of F	Person	Area Code Daytime Teler	shone Number SS 2 E
Enclos	ed is a	check for the	following amount:		10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
= \$2.	5.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Status & Certificate of Status & Certified Copy (additional copy is enclosed)

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

ABERCROMBIE INVESTMENTS, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{4/13/17}{1}$ Florida document number ______L17000083463 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 "L.L.C." 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) 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 address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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
AMBR	Thomas H. Abercrombie	15950 CR 250	■ Add
		Live Oak, FL 32060	☐ Remove
			Change
AMBR	Tamra L. Abercrombie	15950 CR 250	■ Add
		Live Oak, FL 32060	□ Remove
			□ Change
			□ Add
			□ Remove
			Change
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an effective date i	fother than the date s listed, the date must be sp inserted in this block do live date on the Departn	ecific and cannot be process not meet the app	ior to date of tiling or mo licable statutory filing	(option ore than 90 days after fil g requirements, this d	al) ing.) Pursuant to 605.0207 ate will not be listed as
					32 3
	ifies a delayed effe y after the record is		not an effective t	ime, at 12:01 a.r	n. on the earlier of
May 23		2017	1		SSEE P
		14111	<u> </u>		PH 12: 21

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00