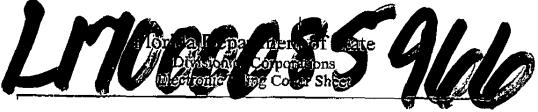
Division of Corporations

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : JOHN M WICKER PA

Account Number : 120070000104 Phone

: (239)939-2222

Pax Number

: (239)939-2280

\*\*Enter the email address for this business entity to be used for Euture  $\overline{\mathbf{U}}$ annual report mailings. Enter only one email address please.

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## #/7000 /23927 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Limbility (A Piorida	ty Company as it now appears on our records.) Limited Liability Company)	<u></u>
The Articles of Organization for this Limited Liability Co Florida document number L17000085966	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limb	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the abb	reviotion "E.T.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
		·
	·	
Enter new mailing address, if applicable:		
Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		LEC III
Name of New Registered Agent:		MAY -
Henry Of Man Registered Again.		SS SI
New Registered Office Address:	Emar Florida street address	<u> </u>
•	omer rioriaa sireel aaareis	<b>に</b> とり
	Florida	70 FE
	City	TIP 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 fitle, name, and address of each person being added or removed from our records:

MCR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	STEVE TOTTERDALE	4169 HEARTHSTONE DRIVE	
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			Change

NONE

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D. If amending any other information, enter change(s) here: (Anach additional sheets, if necessary.)

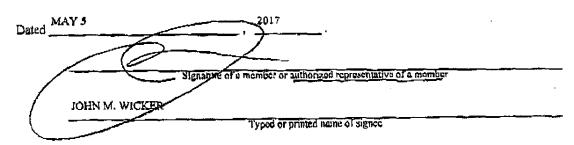
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Effective date, if other than the date of filing:

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a dalayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.



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