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DIVISION OF CORPORATIONS

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COVER LETTER

	stration Sec sion of Corp			
CITTO ITS COST	847 ROCKH			
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		LINDA L. GAUSTAD, ES	Q.	
			Name of Person	***************************************
		THE LAW OFFICE OF LI	NDA L. GAUSTAD, P.A.	
Firm/Company				
		815 S. VOLUSIA AVE., S	TE. 1	
			Address	
		ORANGE CITY, FLORID		
		RANDMKRUSE@GMAIL	City/State and Zip Code	
			o be used for future annual report notific	cation)
For further inf	formation co	ncerning this matter, please ca	d1: `	
LINDA L. GA	AUSTAD		386 456-0500 EXT	c.6
	Name of	Person	at () Area Code Daytime '	Telephone Number
Enclosed is a	check for the	e following amount:		
\$25.00 Fil	ling 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)
	Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions

Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

847 ROCKHILL, 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 I	Liability Company	were filed on $\frac{04/21/20}{}$	17 and assig	ned
Florida document number L17000089102	· ·		instruction of the state of the	. 1
This amendment is submitted to amend the fol	lowing:		OF OF	
A. If amending name, enter the new name of	of the limited liab	ility company here:	and assic	PH 2
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "LLC"	C. 5
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		991 FEATHER DRIV	E	
		DELTONA, FLORID	A 32725	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	(BOX)	991 FEATHER DRIV	1	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	records, enter the name of	the new
B. If amending the registered agent and registered agent and/or the new registered of	991 FEATHER	DRIVE		
	••	Enter Florida str	eet address	
	DELTONA		, Florida ³²⁷²⁵	
		City	Zip Code	
New Pagistared 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	KRUSE, ROBERT L		Add
	_		■ Remove
			☐ Change
AMBR	KRUSE, MARY L	991 FEATHER DRIVE	□ Add
		DELTONA, FLORIDA 32725	☐ Remove
			Change
			DESIGNATIONS DESIGNATION DESI
			□ Remove
			☐ Change
			□ Add
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ective date, if other than the offective date is listed, the date must te: If the date inserted in this blo ument's effective date on the De	he specific and cannot be prior to date ck does not meet the applicable s	of filing or more than 90 days after	ional) er filing.) Pursuant to is date will not be	605.020 listed a
record specifies a delayed he 90th day after the reco	effective date, but not an rd is filed.	effective time, at 12:01	a.m. on the ea	arlier o
JUNE 13	2017			
	Marie Kruse		`	
	" · (12/ */ 1 V //	representative of a member		_

Page 3 of 3

Filing Fee: \$25.00