L 17000089130

| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | ÷#) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
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DIVISION OF CORPORATIONS

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COVER LETTER

| TO: | Registration Security Division of Corp | | | |
|---------------|--|--|---|---|
| SUBJE | 848 ROCKI | HILL, LLC | | |
| SUBJE | | Name of Lim | ited Liability Company | |
| The end | closed Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please r | return all correspon | ndence concerning this matter | to the following: | |
| | | LINDA L. GAUSTAD, ES | SQ. | |
| | | | Name of Person | |
| | | THE LAW OFFICE OF LI | INDA L. GAUSTAD, P.A. | |
| | | | Firm/Company | |
| | | 815 S. VOLUSIA AVE., S | TE. 1 | |
| | | | Address | |
| | | ORANGE CITY, FLORID | A 32763 | |
| | | | City/State and Zip Code | |
| | | RANDMKRUSE@GMAIL | | |
| | | E-mail address: (| to be used for future annual report notifica | ition) |
| For furt | her information co | oncerning this matter, please ca | all: | |
| LINDA | L. GAUSTAD | | 386 456-0500 EXT. | |
| | Name of | Person | Area Code Daytime To | elephone Number |
| Enclose | ed is a check for th | e following amount: | | |
| ■ \$25 | i.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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 848 ROCKHILL, LLC (Name of the Lim | ited Liability Compa (A Florida Limited | any as it now appears on our rec Liability Company) | ords.) |
|---|--|--|--------------------------------|
| The Articles of Organization for this Limited I Florida document number $\frac{L17000089130}{L17000089130}$ | Liability Company | were filed on 04/21/2017 | and assigned |
| This amendment is submitted to amend the following | llowing: | | |
| A. If amending name, enter the new name | of the limited liab | pility company here: | |
| The new name must be distinguishable and contain the | 1- KT : d T !-1. | The Community Walls designed on the | I C" as the obligation of I C" |
| Enter new principal offices address, if appli | | 991 FEATHER DRIVE | SEC of the abbleviating E. LC. |
| (Principal office address MUST BE A STRE | | DELTONA, FLORIDA 327 | 725 F. G. P. T. |
| Enter new mailing address, if applicable: | | 991 FEATHER DRIVE | 725 CORFORD 2: 53 |
| (Mailing address MAY BE A POST OFFICE BOX) | | DELTONA, FLORIDA 327 | • |
| B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: | d/or registered o office address her MARY KRUS | <u>e</u> ; | rds, enter the name of the new |
| New Registered Office Address: | 991 FEATHER | RDRIVE | |
| - : - : : : : : : : : : : : : : : : : : | | Enter Florida street add | dress |
| | DELTONA | | Florida 32725 |
| | | 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

Page 1 of 3

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 **Title** <u>Name</u> <u>Address</u> **Type of Action AMBR** KRUSE, ROBERT L _□ Adđ **■** Remove ☐ Change KRUSE, MARY L 991 FEATHER DRIVE **AMBR** □ Add DELTONA, FLORIDA 32725 □ Remove ■ Change ☐ Remove □ Change □ Add □ Remove _ Change □ Add ☐ Remove

_□ Change

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| lf an ef Note: | tive date, if other than the date of filing: (optional) (fective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records. |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier \dot{c} 90th day after the record is filed. |
| | |
| The | JUNE 13 2017 |
| | JUNE 13 , 2017 . |

Page 3 of 3

Filing Fee: \$25.00