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DIVISION OF CORFGRATIONS

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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
CUDI	853 ROCKI			
SUBJ	JECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The e	nclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	ereturn all correspon	ndence concerning this matter	to the following:	·
	T.	LINDA L. GAUSTAD, ES	SQ.	
			Name of Person	
		THE LAW OFFICE OF L	INDA L. GAUSTAD, P.A.	
			Firm/Company	·
		815 S. VOLUSIA AVE., S	TE. 1	
			Address	
		ORANGE CITY, FLORIE	OA 32763	
		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	City/State and Zip Code	
•		RANDMKRUSE@GMAIL	COM to be used for future annual report notifi	oution)
For fu	orther information co	oncerning this matter, please call	•	Cauchi
	A L. GAUSTAD		386 456-0500 EX	Т.6
	Name of	Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	e following amount:		
<b>■</b> \$2	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 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

853 ROCKHILL, LLC			まこ ガ
(Name of the Lim	ited Liability Compa (A Florida Limited	anv as it now appea Liability Company)	rs on our records.)
The Articles of Organization for this Limited I		were filed on 04	rs on our records.)  4/21/2017 and assigned
This amendment is submitted to amend the fol			21 log
A. If amending name, enter the new name	of the limited liab	oility company h	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	991 FEATHER	DRIVE
(Principal office address MUST BE A STRE.	ET ADDRESS)	DELTONA, FL	ORIDA 32725
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	991 FEATHER DELTONA, FL	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	n our records, enter the name of the new
Name of New Registered Agent.	001 00 4 00 100	NAUE.	
New Registered Office Address:	991 FEATHER		rida street address
	DELTONA	2.507 110	, Florida <sup>32725</sup>
	•	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 = Manager, AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	KRUSE, ROBERT L		Add
			☐ Change
AMBR	KRUSE, MARY L	991 FEATHER DRIVE	☐ Add
		DELTONA, FLORIDA 32725	□ Remove
			■ Change
			□ Add
		**************************************	Remove
			Change
			DIMISION DE CUMULANTI DE CUMULA
			ON ERRemove
			2: 5 <b>8</b>
			Remove
			☐ Change
			□ Add
			□ Remove
			Change

Effective date, if other than the date of filing:  Optional)  Can 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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a locument's effective date on the Department of State's records.  The 90th day after the record is filed.  Onted  JUNE 13  2017	-	
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Page 3 of 3

Filing Fee: \$25.00