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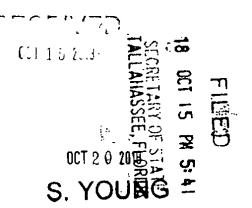
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COVER LETTER

| 644 Caladi SUBJECT: | | 5 11 1 1 1 2 C | | |
|----------------------------|--|---|------------------|--|
| | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | Bryan Mack | | | |
| | 644 Caladium, LLC | Name of Person | | |
| | | Firm/Company | | |
| | 1545 Championship Blvd | | t | SECUL BE |
| | Franklin, TN 37064 | Address | | FIRE D OCT 15 PH 5: 1 THE TARK OF STATE ANIASSEE, FLORE |
| | bryanmack1@gmail.com | City/State and Zip Code | | FLORING FLORING |
| | E-mail address: (| to be used for future annual report notif | ication) | Dr |
| For further information of | concerning this matter, please c | all: | | |
| Bryan Mack | | 850 276-9195 at () | | <u> </u> |
| Name o | of Person | Area Code Daytime | Telephone Number | |
| Enclosed is a check for t | he following amount: | | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified C | of Status & |
| | | | | |

MAILING ADDRESS:

TO:

Registration Section

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

| 644 Caladium LLC | | | |
|---|---|---|---------------------------------------|
| (Name of the Lim | ited Liability Compa (A Florida Limited) | iny as it now appears on ou Liability Company) | r records.) |
| The Articles of Organization for this Limited I | iability Company | were filed on May 1, 20 | and assigned |
| Florida document number L17000096026 | · | | |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name of | of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designati | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 8700 Front Beach Road | 1 #6306 |
| | | Panama City Beach, Fl | . 32408 |
| | | | 2 66 |
| Enter new mailing address, if applicable: | | 8700 Front Beach Road | 1#6306 E 5 E |
| (Mailing address MAY BE A POST OFFICE BOX) | | Panama City Beach, FI | _32408 <u>M</u> |
| | | | |
| B. If amending the registered agent and registered agent and/or the new registered of | • | | records, enter the name of the n |
| Name of New Registered Agent: | Bryan Mack | | |
| New Registered Office Address: | 8700 Front Bea | ich Road #6306 | |
| | | Enter Florida stre | et address |
| | Panama City Be | each | , Florida |
| | | 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 |
|---------------|------------------|--|----------------|
| MGR | Thomas J. Murphy | 644 Caladium Circle Panama City Beach, FL 32413 | □ Add |
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| Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to date of filing or r | (optional) | 0205 |
| Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records. | ing requirements, this date will not be listed | d as |
| he record specifies a delayed effective date, but not an effective. The 90th day after the record is filed. | time, at 12:01 a.m. on the earlie | r of |
| | | |
| Dated | | |
| | | |
| Dated 9/25/2018 Signature of a member or authorized representative | ve of a member | |

Page 3 of 3

Filing Fee: \$25.00