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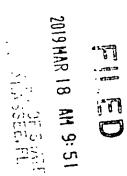
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C. GOLDEN MAR 2 8 2019

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Am	ecican home Si Name of Limi	Division of St. L ited Liability Company	ucie LLC
The enclosed Articles of	f Amendment and fee(s) are sub-	nitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Jarn	SOL SMITH Name of Person	
	American	Firm/Company	s of St. lucie LLC
	2562	Sw <u>national</u> C	٦٢
	Port St	Lucie FL 3 City/State and Zip Code	4953
	HHS of St. 1 E-mail address: (1	lucie @ gmail . C o be used for future asshual report notif	fication)
For further information	concerning this matter, please ca	dl:	
	2Ayburn of Person		4097 e Telephone Number
Enclosed is a check for	the following amount:		
▼ \$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

7019 MAR 18 MY 9:51

The Articles of Organization for this Limited Liability Company were filed on May 68, 2017 _ and assigne Florida document number L17000101967 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

w Registered Agent's Signature, if changing Registered Agent:

nereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability appany has been notified in writing of this change.

City

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	ERIC RAYDURA	2562 Sw Mational Cir	
		Port St Lucie FL 34195	3 Remove
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an effectiv l <mark>ote:</mark> If th	date, if other than the date of filing: MACH 30th 2019 (optional) we 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 60 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be first effective date on the Department of State's records.	
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlith day after the record is filed.	lier
ated <u>(</u>	13 . 2019.	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00