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COVER LETTER

то:	Registration Se Division of Cor			
endie.	4925 Hardi	ng Road. L.I.C		
Enclosed i	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Jake C. Blanchard, Es q.		
			Name of Person	
		Blanchard Law, P.A.		
			Firm/Company	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) IER ADDRESS: on rations enter Circle
		1501 Belcher Road S. Unit	t 2B	
			Name of Person Firm/Company it 2B Address City/State and Zip Code om (to be used for future annual report notification) rall: at (727	
		Largo, FL 33771		
•		jake@jakeblanchardlaw.coi	•	
		E-mail address: (to be used for future annual report noti	fication)
For furt	her information co	oncerning this matter, pl eas e ca	all:	
Jake Bl	anchard			
	Name of	Person		e Telephone Number
Enclose	d is a check for th	e following amount:		
≅ \$ 25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4925 Harding Road, LLC			
(<u>Name of the Lim</u>	ted Liability Company as it I(A Florida Limited Liability	now appears on our records.) Company)	
	·	• •	
The Articles of Organization for this Limited	ability Company were t	iled on 5/30/2017	and assigned
Florida document number L17000118116			
This amendment is submitted to amend the fol	owing:		
A. If amending name, enter the new name of	 f_the_limited_liability_co	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Con	pany." the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	ļ cable:		
(Principal office address MUST BE A STREI] ET ADDRESS)		
· ·			
Enter new mailing address, if applicable:			5)
(Mailing address MAY BE A POST OFFICE	BOX)		N.C.
			r _e
			30
B. If amending the registered agent and		ddress on our records, <u>e</u>	nter the name of the n
registered agent and/or the new registered o	ffice address here:		3: 4
			. 69
Name of New Registered Agent:	Michel Clark	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	7550 Park Blvd		
New Registered Office Address.		Enter Florida street address	
	Pinellas Park	Florie	la_33781
	Ci	, FROIR	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 Type of Action <u>Title</u> Address Name Michael Clark 7550 Park Blvd MGR □ Add Pinellas Park, FL 33781 ■ Remove ☐ Change MGR Michel Clark 7550 Park Blvd **■** Add Pinellas Park, FL 33781 ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change Nii C □ Remove Ço □**,**Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

_□ Change

If amending any othe	er information, en <mark>te</mark> r cha	inge(s) here: (Attach additional sheets, if necessary.)	
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f an effective date is listed Note: If the date insert	er than the date of filing; I, the date must be specific and c ted in this block does not me ate on the Department of Sta	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to det the applicable statutory filing requirements, this date will not be I	605.020 listed as
	a delayed effective da er the record is filed!	ite, but not an effective time, at 12:01 a.m. on the ea	rlier o
Dated	october as 1	2017	
	And a	5.//	-
-	Signature of a m	ember or authorized representative of a member	
Michel Clar	rk [
		Typed or printed name of signee	•
		Page 3 of 3	
		•	
		Filing Fee: \$25.00	