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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Stillwaugh ENTERPRISES, L.C. C. Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	
Please return an correspondence concerning this matter to the following.	
DAVID E. StillwAUGH Name of Person	
StillWAUGH ENTERPRISES L.L.C.	
2140 JASPER Way	
The VILLAGES, FL. 32162 City/State and Zip Code	
TERDAY 79 @ YAHOO. COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call: DAVID E, Stillwaugh — (352) 348-2280 FERI Stillwaugh at 358-396-2011	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{S30.00 Filing Fee & Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	

MAILING ADDRESS:

OR

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



5111 WAUGH ENTERPRISES, L.L.C.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ________________________________ and assigned Florida document number <u>L17 000121102</u> 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) B. 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: The VILLAGES, Florida 32162

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>	Name	Address	Type of Action
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an effectiv lote: If th	late, if other than the date of filing:	ling.) Pursuant	to 605.02 be listed a
e record The 90	specifies a delayed effective date, but not an effective time, at 12:01 a.th day after the record is filed.	m. on the	earlier
ated	June 9, 2017.		
	Signature of a member or authorized representative of a member		
	THERESA M. ShillWAUGA	17 JUN	SECKE
	Typed or printed name of signee	-9	위로 OPER
	Page 3 of 3	AH 9:	780 630 15 40.4
	Filing Fee: \$25.00	بن ::	三三