L17000126648

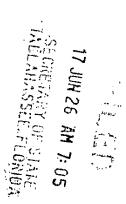
| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
| (Ac | ldress) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration S Division of Co | | | |
|-------|----------------------------------|--|---|--|
| CHD | | Holdings of Decrfield LLC | | |
| SOR | JECT: | | ited Liability Company | |
| The | enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | |
| Pleas | se return all corresp | ondence concerning this matter | to the following: | |
| | | Charles W Cairnes Jr | | |
| | | | Name of Person | |
| | | Charles W Cairnes Jr PA | CPA | |
| | | | Firm/Company | |
| | | PO Box 14879 | | |
| | | | Address | |
| | | North Palm Beach, FL 334 | 108 | |
| | | | City/State and Zip Code | |
| | | ccairnes@bcc-cpa.com | | <u> </u> |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For f | further information | concerning this matter, please ca | all: | |
| Cha | rles W Cairnes Jr | | at () 625-6644 ext | |
| | Name | of Person | Area Code Daytime | e Telephone Number |
| Encl | osed is a check for | the following amount: | | |
| ■ 9 | \$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

| Marion Holdings of Decrfield LLC | |
|--|---|
| (Name of the Limited Li (A F | ability Company as it now appears on our records.) orida Limited Liability Company) |
| The Articles of Organization for this Limited Liabili Florida document number L17000126648 | ty Company were filed on June 09, 2017 and assigned |
| This amendment is submitted to amend the following | g: |
| 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 "L.L.C." |
| Enter new principal offices address, if applicable | |
| (Principal office address MUST BE A STREET A) | DDRESS) |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered agent and/or the new registered office | egistered 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: | TOTAL |
| New Registered Office Address. | Enter Florida street address , Florida |
| _ | City Apr Code |
| New Registered Agent's Signature, if changing Register | tered Agent: 5 S |
| provisions of all statutes relative to the proper ar accept the obligations of my position as registere | ent and agree to act in this capacity. I further agree to comply with the ad complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is stered office address, I hereby confirm that the limited liability age. |

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 | <u>Address</u> | Type of Action |
|--------------|--------------------|-----------------------------|----------------|
| AMBR | Joseph C Nickerson | 7941 Redwood Land, FL 33067 | Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | | |
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| lote: If the date inserted in this | ne date of filing: nust be specific and cannot be prior to block does not meet the applicab Department of State's records. | ole statutory filing requiren | (optional) Hays after filing.) Pursuan nents, this date will not | t to 605.0201 be listed as |
| e record specifies a delay The 90th day after the re | ed effective date, but not ecord is filed. | an effective time, at | 12:01 a.m. on the | earlier o |
| ated | 2017 | | | |
| (1) | reles W. Cairnes & Signature of a member or authori | 2 | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00