## L17000136225

(Re	questor's Name)	
(Ad	ldress)	
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· (Cit	y/State/Zip/Phone	<i>⇒</i> #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Registration Section Division of Corporations The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Lynn Mollak 2181 South Patrick LLC 1344 S. Apollo Blyd, Surte 400 For further information concerning this matter, please call:

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) 3

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

2181 South Patrick LLC

(Name of the Limited Li (A F	iability Company as it now appears of lorida Limited Liability Company)	n our records.)			
The Articles of Organization for this Limited Liability Florida document number <u>L17000136</u>		/22/2017 and assigned			
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	limited liability company here	<b>;</b>			
he new name must be distinguishable and contain the words	"Limited Liability Company," the des	gnation "LLC" or the abbreviation "L.L.C."	-		
Enter new principal offices address, if applicable	:			,	
Principal office address MUST BE A STREET A	DDRESS)	<del></del>	-		
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Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)				MAR	i CSF3
<u> </u>			- <u>-                                  </u>	R -5	
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name of the	new The Same	PH 12:	
Name of New Registered Agent:			_ > ***	07	
New Registered Office Address:	Enter Florid	a street address	_		
	3.747 1 101 10				
-	City	, Florida Zip Code	<del>-</del>		

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

Page 1 of 3

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 = M AMBR = A	anager uthorized Member		
Title	Name	Address	Type of Action
AMBR	National Safe Harbor	60 E. Rio Salado Parku	<b>a</b> ∕_□ ∧dd
	Exchanges	Suite 1103	Remove
		Tempe, AZ 85281	Change
AMBR	Craig Deligdish	1344 S. Apollo Blade	<b>X</b> Add
	,	Suite 303	
		Melbourne, FL 329	O/_□ Change
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
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Effective date, if other than the date of filing:  (If an effective 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 Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	5,0207 (3 ted as th	)(b) e	7	
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early the 90th day after the record is filed.	ier of:			
Dated February 27, 2018.				
Signature of a molither or authorized representative of a member				
Crarg Deligatish Typed or printed name of signee				

Page 3 of 3

Filing Fee: \$25.00