17000140861

(Re	equestor's Name)		
(Ac	ddress)		
(Address)			
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL	
(Bu	usiness Entity Name)	<u> </u>	
(Do	ocument Number)		
Certified Copies	Certificates of	Status	
	_		
Special Instructions to	Filing Officer;		
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TROP ESTERNISHED BY NO. 21 PH IN 1916

J. HARRIE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ang plg Deac H (Name of the Limited Liability Com	Om e Maintan i ipany as it now appears on our records ed Liability Company)	enee LLC
	· · · ·	
The Articles of Organization for this Limited Liability Compa	ny were filed on $(-29-1)$	and assigned
Florida document number <u>L 17600140861</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		<u> </u>
	-	
		がた ら 量
Enter new mailing address, if applicable:		/
Mailing address MAY BE A POST OFFICE BOX)		- 1 1 · · · · · · · · · · · · · · ·
		e e e e e e e e e e e e e e e e e e e
		2 0
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		s, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	5
	Flo	orida
·	City	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

Title	Name	Address	Type of Action
AMBR	William Dear	146 5-Redbed Chen	Add
		Fort White F1. 32038	□ Remove
			Change
AMER	Jeffrey Dear	206 " Bedby Clean Fort Unite F1. 32038	i Z _C Add
		Fort Chite F1. 32038	☐ Remove
			Change
			Add
			□ Remove
			☐ Change
			Remove
			☐ Change
	 		TO AND TO THE
			Remove
			Remove
			☐ Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
(If an e <u>Note</u>	tive date, if other than the date of filing:	7 (3)(b) s the
If the re (b) Th	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.	of:
Date	8/21/17	
	Signature of a member or authorized representative of a member	
	Angela A. Doar	T;
		T _;
	Page 3 of 3	

Filing Fee: \$25.00