L17000141902

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |
| Office Use Only | | |

.



07/17/17--01029--001 **60.00

FILED 17 JUL 17 PH 3: 00 DIVISION OF CURI DISATIONS

O SIIVIMONS JUL 18 2017

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: _____ MADISON JAMES, LLC 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:



For further information concerning this matter, please call:

at (443) 928 - 8459 Area Code Daytime Telephone Number ACEY GRACE

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) Solutional 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

| MADISON JAMES, LLC (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 w Florida document number <u>L 17000141902</u> . | ere filed on 30 JUNE 2017 and assigned | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability | | |
| 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 offic registered agent and/or the new registered office address here: | ce address on our records, <u>enter the name of the new</u> | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | Florido | |

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

| or removed in | <u>om our records</u> : | | |
|-------------------------|-------------------------|-----------------------|--|
| MGR = Mat AMBR = Aut | nager horized Member | | |
| Title | Name | Address | Type of Action |
| MGR | PATRICK GRACE | 5636 GOODPASTURE GLEN | E Add |
| | | BRADENTON, FL 34211 | 🔤 Remove |
| | | | Change |
| | · | | 🗖 Add |
| | | | Remove |
| | | | Change |
| | | | FILED BREMOVE PH 3: 00 Add JUL VE PH 3: 00 |
| | | | |
| | | | _ Change I O |
| | | | Addig O |
| | | | Remove |
| | | | Chánge |
| | | | Add |
| | | | 🗆 Remove |

🛛 Remove-Change

Change

🗆 Add

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

| · · · · · · · · · · · · · · · · · · · |
|---------------------------------------|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| 5. 9 |
| |
| F F |
| |
| |
| |
| |
| |
| |
| |
| |
| 12 Q |
| 5 0 |
| |
| TJULIT PH 3:00 |
| |
| |
| |
| |
| |
| |
| |

E. Effective date, if other than the date of filing: _______(optional) (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 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Signature of antember or authorized representative of a member PATRICK RACE Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00