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K. SALY AUG 1 0 2017

Please call me with any issues. I am changing the Rigistral Agent to Be Mc Carthy and remove Matt Bradley from an Arthrized Person completely from the LC - May yw

# **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT:	tal Renautions an	1 Development, Liability Company	LLC
The enclosed Articles of A	mendment and fee(s) are submit	ted for filing.	
Please return all correspond	dence concerning this matter to t	the following:	
	Joe A	Nc Carthy Name of Person	<del></del>
	TIM		
		Firm/Company  Methor Rd STE  Address	<del>.</del> HOV
	Cleary	uculor FL 337	60
		alex (b) t m proper e used for future annual report i	
For further information cor	ncerning this matter, please call:		
Sue McCo Name of I	wthey Person	at (1) 43 Area Code Day	time Telephone Number
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)

### 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**

	PILED
	" AUR
	AMII: 59 (ALLAHASSLE, I LORY)
,	TOSEE, LORDA

(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 Florida document number 4760154565 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: 580 Unerton RJ STE 200

Enter Florida street address

Clearator FL Florida 33720

City Florida Name of New Registered Agent: New Registered Office Address:

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:

$ANIBR = A$ $\underline{Title}$	uthorized Member <u>Name</u>	<u>Address</u>	Type of Action
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Filing Fee: \$25.00