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| (City | //State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bus | siness Entity Nar | me) |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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COVER LETTER

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

| Nature Coast Deve | looment Group, Ll | <u>.</u> C |
|--|---|---------------------|
| (Name of the Limited Liability Company (A Florida Limited Lia | as a now appears on our records.) | |
| The Articles of Organization for this Limited Liability Company we Florida document number | vere filed on <u>08 La 9</u> 17 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabili | ity company here: | |
| The new name must be distinguishable and contain the words "Limited Liability | y Company," the designation "LLC" or the ab | breviation "L.IC." |
| 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 off registered agent and/or the new registered office address here | | the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | <u> </u> |
| | . Florida | |
| | 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 . | <u>Name</u> | <u>Address</u> | Type of Action |
|---------|-------------|--|----------------|
| MGR | Dave Padot | 7272 Cardinal Truil | O Add |
| | | 7272 Cardinal Truil Fanning Springs, F1 32693 | Remove |
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| If amending any other information, enter change(s) here: (Attach additional sheets, if necessar | |
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| Effective date, if other than the date of filing: | 6 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 |
| (lf an effective date, if other than the date of filing: (lf an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records. | ing.) Pursuant to 605.0207 (|
| the record specifies a delayed effective date, but not an effective time, at 12:01 a. | m. on the earlier of: |
| The 90th day after the record is filed. ${m {\it MP}}$ | |
| Dated 10-12-17 2017 | |
| Dated | |
| | |

Page 3 of 3

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