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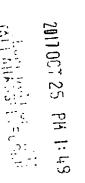
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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K. SALY OCT 2 0 2017

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Karei	~ CUMMINGS Name of Person	
	Pinnac	le Design LL Firm/Company	<u></u>
	219 N. A	Vew Nan Street	2nd Floor
	Jacks	SONVILLE FL 3	32202
	E-mail address: (ings e baker Klei to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	all:	
<u>Karen</u>	OMMINSS	at (<u>904</u>) <u>559</u> Area Code Daytime	2657
Name o	Pretson	Arten Conte	Telephone (Millor)
Enclosed is a check for the			
\$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)

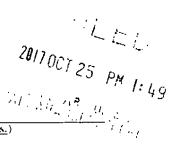
MAILING ADDRESS:

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



(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 Com- Florida document number	npany were filed on09/c	0.5 / 2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	l Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office address		eords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		Florida Zip Code
	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:

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tanara & Baker	1306 Mayfair Road	D Add
		1306 Mayfair Road Jacksonville, FL 32207	■ Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and co		Calling or more than 90 da	(optional)	uunt to 605 020
lote: If the date inserted in this block does not me	a the applicable sta	tutory filing requiremen	its, this date will i	not be listed:
ocument's effective date on the Department of Sta	e's records.			
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e record specifies a delayed effective da The 90th day after the record is filed.	e, but not an e	nective time, at 12	UI a.III. UII C	ne earner i
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Dated				
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1 1 /-	Мин	epresentative of a member		

Page 3 of 3

Filing Fee: \$25.00