# 47000192405

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# **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJI	CT:	<del>-</del>
	Name of Limited Liability Company	
The en	losed Articles of Amendment and fee(s) are submitted for filing.	
Please	eturn all correspondence concerning this matter to the following:	
	John L. Moore Name of Person	_
	Williams Parker Firm/Company	
	200 S. Orange Ave	
	Sarasofa FL 34236 City/State and Zip Code	
	City/State and Zip Code  Mrustvelli (d. Cástoin fo. Com  E-mail address: (to be used for future annual report notification)	
For fur	ner information concerning this matter, please call:	
	Name of Person at (941) 916 - 5247  Area Code Daytime Telephone Num	ber
Enclos	I is a check for the following amount:	
□ \$2.	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status (additional copy is enclosed)	Filing Fee, icate of Status & ed Copy nal 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 Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

355	5 Clark, UL	
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Co Florida document numberL17000192405	ompany were filed on 9/15/2017	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
		当 1
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbre	vision EL.C.
Enter new principal offices address, if applicable:		5 6 F
(Principal office address MUST BE A STREET ADDRI	ESS)	- p m
		- N
		29
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		·
B. If amending the registered agent and/or registered agent and/or the new registered office addressed agent.		e name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = · Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	IBCC Development, UC	64 Surusota Center	Blud - Add
		Sarasota Fr 3	34240 Remove
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MGR	Clinton P. Convay	64 Sarusota Center	× ∨ dd
		Surusota FL 34	2 √ 0 □ Remove
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<del></del>			Propose CT Change
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Effect	ive date, if other than the date of filing: 9/29/29/17 (optional) sective date is listed, the date must be specific and cannot be prior to date of filing dr more than 90 days after filing.) Pursuant to 605.0	1207
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	
docun	ent's effective date on the Department of State's records.	
he re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	r of
The	90th day after the record is filed.	
rne		
	September 79 . Zol)	
	september 29 Col	

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Typed or printed name of signee

Filing Fee: \$25.00