Division of Corporations Electronic Filing Cover Sheet

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(((H17000315095 3)))



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To: 18506176383 From: 19047196847 Date: 12/01/17 Time: 10:19 AM Page: 02/04

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

(((H170003150953)))

(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L17000206515</u> .	y were filed on October 5, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or	the abbreviation "L. L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered	office address on our records, g	enter the name of the ne
registered agent and/or the new registered office address he	ere:	
		and the second second
Name of New Registered Agent:		<u>.</u> .
New Registered Office Address:		54
	Enter Florida street address	
	, Flori	da
	City*	Zip Code

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

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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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MATT PARKS	4229 KINCARDINE DRIVE	
		JACKSONVILLE, FL 32257	■ Remove
			□ Change
MGR	MATTHEW PARKS	4229 KINCARDINE DRIVE	_ ■ Add
		JACKSONVILLE, FL 32257	Remove
			☐ Change
MGR CHRISTINE SOMERS	MARTIN GOLDENBERG	9 POINT DRIVE NORTH	
		LAKE PEEKSKILL, NY 10537	Remove
			☐ Change
	CHRISTINE SOMERS	9 POINT DRIVE NORTH	= Add
		LAKE PEEKSKILL, NY 10537	₹ □ Remove
			☐ Change
		4- 9 Remove	
			☐ Change
			□ Add
			☐ Remove
			Change

To: 18506176383 From: 19047196847 Date: 12/01/1	7 Time: 10:1	9 AM Page: 04/04 (((H17000315095
). If amending any other information, enter change(s) here: (Attach add	ditional sheets if i	.,.
). If amending any other information, enter enauge(s) nere: (Anach and	immai meem, y	iocessur _y .,

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		. <u>C</u>
	ſ,	optional)
E. Effective date, if other than the date of filing: (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 605.02
Note: If the date inserted in this block does not meet the applicable statutory is	filing requirements	, this date will not be listed
document's effective date on the Department of State's records.		
f the record specifies a delayed effective date, but not an effective	ve time, at 12:0	01 a.m. on the earlier
b) The 90th day after the record is filed.		
December 1 2017		
Dated December 1 2017		
- 		
Signature of a member or authorized represent	ative of a member	
) Signature of a member of authorized represent	acre or a memoer	
MATTHEW PARKS, Manager		
Typed or printed name of signi		

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Filing Fee: \$25.00