## L170002224605

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O SIMMONS NOV 2 9 2017 CORPORATION SERVICE COMPANY
1201 Hays Street
Tallbassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-558-1500					
ACCOUNT NO. : 12000000195					
REFERENCE : 899729 8155626					
AUTHORIZATION: Synellolle man					
COST LIMIT : \$ 25.00					
ORDER DATE: November 6, 2017					
ORDER TIME : 10:43 AM					
ORDER NO. : 899729-010					
CUSTOMER NO: 8155626					
DOMESTIC AMENDMENT FILING  NAME: GYPSY GOLD HUNTERS CREEL LLC					
EFFECTIVE DATE:					
XXX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING					
CONTACT PERSON: Roxanne Turner EXT# 62969					

EXAMINER'S INITIALS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GYPSY GOLD HUNTERS CREEL LLC

(Name of the Limited Liability Company as (A Florida Limited Liabil	s it now appears on our records.)	
The Articles of Organization for this Limited Liability Company were Florida document number L17000224605	e filed on 10/30/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
GYPSY GOLD HUNTERS CREEK LLC		
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	12501 SW 8TH AVE	
(Principal office address MUST BE A STREET ADDRESS)	OCALA FL 34473	三五丁
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		the name of the new
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		zy coae
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete performance the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office addrocompany has been notified in writing of this change.	ormance of my duties, and I am fo ded for in Chapter 605, F.S. Or,	amiliar with and if this document is nited liability

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
MGR	Bob Cook	347 Old Dewberry Ln	XI Add
		Southern Pines, NC 28387	□ Remove
			Change
			□ Remove
			7 BAdd
			Add T
			Phange
			Add
			☐ Remove
			Change
			🖸 Remove
			□ Change
_ <del>-</del>			Add
			☐ Remove
			□ Chance

D. If amending any other information, enter change(s) here: (Attach additional sheet	s, if necessary.)	
		<del></del>
		<del>1</del> -
		<u>8</u> 11
		23
		62
	:	
		***************************************
		· <del></del>
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 di	( <b>optional</b> ) ws after filing.) Pursuar	nt to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requireme document's effective date on the Department of State's records.	nts, this date will not	be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12 (b) The 90th day after the record is filed.	?:01 a.m. on the	earlier of:
Dated		
Signature of a member or authorized representative of a member		·
Dennis R. Thompson, Member Denvis R. Thompson, Member Typed or printed name of signer	PSCIN).	

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Filing Fee: \$25.00