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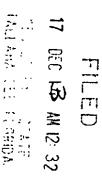
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## **COVER LETTER**

	Registratiön Sec Division of Corp			
end ie.c.		MAN ROAD, LLC		_
SUBJEC	·	Name of Limit	ed Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please ret	turn all correspor	ndence concerning this matter to	o the following:	
		GRANT MORSE		
			Name of Person	<del></del>
			Firm/Company	
		2338 IMMOKALEE ROAL	<u> </u>	
			Address	
		NAPLES, FL 34110		
			City/State and Zip Code	<del></del>
		grantmorse@icloud.com		
		E-mail address: (to	o be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please ca	11:	
GRANT	MORSE		at ( <u>239</u> ) <u>26 9 3</u> Area Code Daytime	279
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

7147 RICHMAN ROAD, LLC (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 Company were filed on NOVEMBER 17, 2017 Florida document number L17000237856 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 7147 RICHMOND ROAD LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abt 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 =	<b>Authorized Member</b>

<u>Title</u>	Name	Address	Type of Action
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing  lote: If the date inserted in this block does not meet the applicable statutory to  ocument's effective date on the Department of State's records.	or more than 90 days afte filing requirements, th	r tiling.) Pursu is date will n	ant to 605.02 of be listed :
e record specifies a delayed effective date, but not an effective filed.	ve time, at 12:01	a.m. on th	ie earlier
Pated 12/12/17			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00