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Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: GiF	Fin Ste Wood Name of Lim	KAND Goding	126
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Gera	Name of Person	
	Giffin Site	Work And Gred Firm/Company	ing 22C
	678 Lake He	MY LO	
	Winter Hove	City/State and Zip Code	
	GIFFINSITUNDO E-mail address: (1	City/State and Zip Code Kandaradinal report to be used for Nature annual report to	shop.com diffication)
For further information co	incerning this matter, please ca	all:	
Gerald Gr	Person	at (<u>863</u>) <u>978 - {</u> Area Code Daytii	me Telephone Number
Enclosed is a check for the	e following amount:		
□ \$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 Company	were filed on $8-29-18$	and assigned
Florida document number <u>L17000239179</u> .		<u>~</u>
This amendment is submitted to amend the following:		8 T
A. If amending name, enter the new name of the limited liab	ility company here:	
		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		5
(Principal office address MUST BE A STREET ADDRESS)		,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 3022 Harnes City Fl	33845
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, ge:	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
N. D. C. LA. O. C. C. C. L. D. C. L.	City	zip Cour

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AM <u>BR</u>	Gerald GIFFIN	678 Lake Henry La Winter Haven F1 33881	□ Add
			Remove
	ch	ange Billing P.O. Box 3022 Harnes City F1 33845	☐ Change
MGR	Jennifer Giffin	678 Lake Henry Ln Winter Haven, Fl. 33881	Æ Add
			Remove
			☐ Change
			□ Add
			☐ Remove
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			☐ Remove
			☐ Change

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Effective date, if	other than the date of filing:	(optional)
If an effective date is I Note: If the date in	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 atutory filing requirements, this date will not be listed
	fies a delayed effective date, but not an e after the record is filed.	effective time, at 12:01 a.m. on the earlier
Dated	5-29-2018	
	4-2018. Herald Miff.	
	Signature of a member or authorized re	

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Filing Fee: \$25.00