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SEGALIARY OF STATE ALLAHASSEE, FLORID,

## **COVER LETTER**

TO: Registration Section Division of Corpor			
SUBJECT: NAB	Fndewor Name of Limite	rs LLC ed Liability Company	<del></del>
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	Neil Bri	Name of Person	
		Firm/Company	<del></del>
	1164 Day	Address	
	Jacksonville	e FL 32205 City/State and Zip Code  Code Code Code Code Code Code Code	
-	neilhridge E-mail address: (10	be used for future annual report notifica	Milion)
For further information conc	erning this matter, please cal		
Neil Reig Name of Pe	dcers	at ( 904 ) 580 - Area Code Daytime T	2289 elephone Number
Enclosed is a check for the f	ollowing 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 Compa	Fn decvor any as it now appears Liability Company)		<u> </u>	_	
The Articles of Organization for this Limited Liabi	ility Company	were filed on 1	2-4-17	and	d assigr	ned
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of th	e limited liah	oility company here	<u>e</u> :			
Neil Andrew	Boida	ers_L	LC			
The new name must be distinguishable and contain the word	s "Limited Liabi	ility Company," the des	ignation "LLC" or the	abbreviatio	n "L.L.C	2."
Enter new principal offices address, if applicabl	e:					
(Principal office address MUST BE A STREET A	ADDRESS)					
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BO</u>	<u>)X)</u>					
B. If amending the registered agent and/or registered agent and/or the new registered office	.,		our records, <u>ent</u>	er the cna	ime_of_ 17 DEC	the new
Name of New Registered Agent:				<u> </u>	10	·
New Registered Office Address:		Enter Florid	a street address		<u> </u>	<u>*.</u>
_			, Florida	07.7	7: 0	
		City		S' Zip C	.ode	

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Change
			□ Remove
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Filing Fee: \$25.00