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(Re	questor's Name)	
(Ad	dress)	
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SECRETARY OF STATE

TO:		istration Sec sion of Corp				
CHD IEZ	ca.	MEADOW	OAK 1920, LLC			
SUBJE	CI:		Name of Limi	ted Liability Company		
The enc	losed	Articles of A	Amendment and fee(s) are subi	mitted for filing.		
Please re	eturn	all correspor	ndence concerning this matter	to the following:		
			SAMANTHA N. BROWN	:		
				Name of Person		
			MEADOW OAK 1920, LI	.c ¦		
				Firm/Company		
			1920 MEADOW OAK CII	RCLE		
				Address	_ [
			POLK CITY, FL 33868			
				City/State and Zip Code	:	
			SBROWN3308@GMAIL.C		1	
			E-mail address: (to be used for future annua	l report notif	ication)
For furtl	her in	formation co	oncerning this matter, please ca	all:		
SAMA	NTH	A N. BROW	N	863 2 at ()	98-2 2 40	
		Name of	Person	Area Code	Daytime	Telephone Number
Enclose	d is a	check for th	e following amount:	1		
\$25	.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is ea	1	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Registra Divisio P.O. Bo	ation Section of Corporations ox 6327 ssee, FL 32314	R ^l egistr Divisio Clifton 2661 E.	ET/COURII ation Section n of Corpora Building xecutive Cen ssee, FL 32.	ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEADOW OAK 1920, 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 12/15/2017 and assigned Florida document number L17000256469 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _ City w Registered Agent's Signature, if changing Registered Agent: greby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ag filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

<u>Name</u> MGR SAMANTHA N.	BROWN	Address 1920 MEADOW OAK C POLK CITY, FL 33868	Type of Action IRCLE ☐ Add ☐ Remove
MGR SAMANTHA N.	BROWN		Add
		POŁK CITY, FL 33868	
			Change
			Add
			☐ Remove
			☐ Change
			
			□ Remove
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effective date is listed, the effective date inserted in							
iment's effective date o							
ecord specifies a d ne 90th day after ti			t not an effe	ctive time, at	12:01 a.m.	on the ear	lier
·							
d DECEMBER 29		2017	·				
/////	1						
////X	Signacu	te of a member or	authorized repre	sentative of a mem	ber	<u> </u>	
				ŀ			
JUSTIN WHITO	THARD			ľ			

Filing Fee: \$25.00